

RECEIPT OF PAYMENT

Receipt Number:	2025095429
Receipt Date:	03/11/2025
Date Paid:	03/11/2025
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$80.00
Amount Tendered	\$80.00
Paid By:	Joshua Laughlin, Address:10913 Highview Rd, Phone:(816) 875-0305

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110078-Valuation Fee for Add/Alter Single Family	PRRES20250795	\$80.00