



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025096365
Receipt Date:	04/16/2025
Date Paid:	04/16/2025
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$75.00
Amount Tendered	\$75.00
Paid By:	Elevate Accounting , Address:350 SW Longview Blvd, Phone:(816) 622-8826

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110080-3rd and Subsequent Inspection Fee (Per Hour)	PRRES20245719	\$75.00