



RECEIPT OF PAYMENT

Receipt Number:	2025096933
Receipt Date:	05/07/2025
Date Paid:	05/07/2025
Payment Method:	Cash,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	THE ISLAS FAM, Address:106 S VERMONT, Phone:(816) 835-9753

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110078-Valuation Fee for Add/Alter Single Family	PRRES20251872	\$50.00