

RECEIPT OF PAYMENT

Receipt Number:	2025097896
Receipt Date:	05/28/2025
Date Paid:	05/28/2025
Payment Method:	Cash,
Check Number:	,
Transaction Information:	
Full Amount:	\$260.00
Amount Tendered	\$260.00
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 Change of Tenant	PRCOM20250982	\$260.00