



RECEIPT OF PAYMENT

Receipt Number:	2025099319
Receipt Date:	07/09/2025
Date Paid:	07/09/2025
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$100.00
Amount Tendered	\$100.00
Paid By:	Michael Thompson, Address:PO Box 262, Phone:(816) 589-2828

Fees:

Fee Description	Reference / Application Number	Amount Paid
Sign Permit-Permanent Fee	PRSGN20251880	\$100.00