



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2019046940
Receipt Date:	12/06/2019
Date Paid:	12/06/2019
Payment Method:	Check,
Check Number:	4166292,
Full Amount:	\$600.00
Amount Tendered	\$600.00
Paid By:	DIALYSIS CLINIC, INC, Address:1633 CHURCH ST, Phone:(615) 327-3061

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110077-Final Development Plan fee	PL2019401	\$600.00