## **RECEIPT OF PAYMENT**

Receipt Number: Receipt Date: Date Paid: Full Amount: 2020114284 01/14/2020 01/14/2020 \$100.00

Payment Details:	Payment Method Credit Card	Amount Tendered \$100.00	<b>Check Number</b> 5944007
	Name on Credit Card / Confirmation #		
Amount Tendered: Change / Overage: Contact:	\$100.00 \$0.00 Yong So, Address:1821 Hickory Cr	reek CT NW, Phone:(3	317) 800-3200

## FEE DETAILS:

Fee Description	<b>Reference Number</b>	Amount Owing	Amount Paid
ABL Manager Permit Fee	LC20190000416	\$100.00	\$100.00