RECEIPT OF PAYMENT

Receipt Number: Receipt Date: Date Paid: Full Amount:	2024177476 01/05/2024 01/05/2024 \$100.00		
Payment Details:	Payment Method Credit Card	Amount Tendered \$100.00	Check Number
	Name on Credit Card / Confirmation #	11895709	
Amount Tendered: Change / Overage: Contact:	\$100.00 \$0.00 Tomas Alonso, Address:440 Bells	Ferry Place	

FEE DETAILS:

Fee Description	Reference Number	Amount Owing	Amount Paid
ABL Manager Permit Fee	LC20220000814	\$100.00	\$100.00