

# RECEIPT OF PAYMENT

**Receipt Number:** 2021142054  
**Receipt Date:** 11/24/2021  
**Date Paid:** 11/24/2021  
**Full Amount:** \$100.00

|                         |                       |                        |                     |
|-------------------------|-----------------------|------------------------|---------------------|
| <b>Payment Details:</b> | <b>Payment Method</b> | <b>Amount Tendered</b> | <b>Check Number</b> |
|                         | Check                 | \$100.00               | 9392                |

**Name on Credit Card /  
Confirmation #**

**Amount Tendered:** \$100.00  
**Change / Overage:** \$0.00  
**Contact:** B & D RESTAURANTS INC., Address:1105 PARKSIDE LANE, Phone:(770) 928-9494

## FEE DETAILS:

| <b>Fee Description</b> | <b>Reference Number</b> | <b>Amount Owing</b> | <b>Amount Paid</b> |
|------------------------|-------------------------|---------------------|--------------------|
| ABL Manager Permit Fee | LC1997070474            | \$100.00            | \$100.00           |