RECEIPT OF PAYMENT

Receipt Number: Receipt Date: Date Paid: Full Amount: 2022159916 11/14/2022 11/14/2022 \$150.00

Payment Details:	Payment Method Credit Card	Amount Tendered \$150.00	Check Number 10085013
	Name on Credit Card / Confirmation #		
Amount Tendered: Change / Overage: Contact:	\$150.00 \$0.00 Jesus Castaneda, Address:1298Gr	reen Tea Dr, Phone:(3	770) 485-3055

FEE DETAILS:

Fee Description	Reference Number	Amount Owing	Amount Paid
ABL Manager Permit Fee	LC20190000416	\$100.00	\$100.00
Fingerprinting/Background Check	LC20190000416	\$50.00	\$50.00