

RECEIPT OF PAYMENT

Receipt Number: 2023173958
Receipt Date: 10/10/2023
Date Paid: 10/10/2023
Full Amount: \$100.00

Payment Details:	Payment Method	Amount Tendered	Check Number
	Credit Card	\$100.00	
	Name on Credit Card / Confirmation #	11532857	

Amount Tendered: \$100.00
Change / Overage: \$0.00
Contact: Jaeden Trinity Ariola, Address:3545 Spring Dr

FEE DETAILS:

Fee Description	Reference Number	Amount Owing	Amount Paid
ABL Manager Permit Fee	LC20190000416	\$100.00	\$100.00