



RECEIPT OF PAYMENT

Receipt Number: 20230994
Receipt Date: August 08, 2023
Date Paid: August 08, 2023
Full Amount: \$150.00

Payment Details:	Payment Method	Amount Tendered	Check Number
	Check	\$150.00	8985
Amount Tendered:	\$150.00		
Change / Overage:	\$0.00		
Contact:	Kris Hoffman, Address:P.O. Box 772525, Phone:(970) 870-1782		

FEE DETAILS

Fee Description	Reference Number	Amount Owing	Amount Paid
Annual Fee	PL-17-141	\$150.00	\$150.00