

## **RECEIPT OF PAYMENT**

Receipt Number: Receipt Date: Date Paid: Full Amount:	20221287 September 30, 2022 September 30, 2022 \$150.00		
Payment Details:	Payment Method Check	Amount Tendered \$150.00	Check Number 8861
Amount Tendered: Change / Overage: Contact:	\$150.00 \$0.00 Kris Hoffman, Address:P.	O. Box 772525, Phone:(970	) 870-1782
FEE DETAILS			
Fee Description Annual Fee	<b>Reference Number</b> PL-17-141	Amount Owing \$150.00	<b>Amount Paid</b> \$150.00