RECEIPT OF PAYMENT

Receipt Number:	202403915
Receipt Date:	November 01, 2024
Date Paid:	November 01, 2024
Full Amount:	$718.94

Payment Details:	**Payment Method**	**Amount Tendered**	**Check Number**
	Credit Card	$718.94	

Amount Tendered:	$718.94
Change / Overage:	$0.00
Contact:	Karl Holt, Address:1920 Bridge Lane Unit 14A, Phone:(414) 379-1690

FEE DETAILS

Fee Description	**Reference Number**	**Amount Owing**	**Amount Paid**
Plan Review Fee (Routt)	SPRRN241739	$718.94	$718.94