



RECEIPT OF PAYMENT

Receipt Number:	202502894
Receipt Date:	July 30, 2025
Date Paid:	July 30, 2025
Full Amount:	\$228.88

Payment Details:	Payment Method	Amount Tendered	Check Number
	Debit Card	\$228.88	

Amount Tendered:	\$228.88
Change / Overage:	\$0.00
Contact:	CCH INC., Address:P.O. BOX 775413, Phone:(970) 846-3237

FEE DETAILS

Fee Description	Reference Number	Amount Owing	Amount Paid
Plan Review Fee (Routt)	SPRRN251145	\$228.88	\$228.88