



FEE RECEIPT **26374**

OWNER NUMBER 3249

DATE 09/16/2019

TO: SHARE MEDICAL CENTER
800 SHARE DRIVE

ALVA OK ZIP 73717

PAID BY: CHECK

DESCRIPTION	QUANTITY	PRICE EACH	AMOUNT
PERMIT: Application	0	0.00	0.00
Renewal	1	20.00	20.00
Penalty	0	0.00	0.00
LICENSE: Application		0.00	0.00
Renewal		0.00	0.00
Penalty	0	0.00	0.00
REGISTRATION: Dup. Certificate	0	0.00	0.00
Dup. Tag	0	0.00	0.00
Penalty			
TRANSFER:	0	0.00	0.00
OTHER:	0	0.00	0.00
Total Amount Paid	1		20.00

KEEP YOUR RECEIPT

Any questions regarding this transaction must be accompanied by this receipt or must reference this receipt number and your owner number.

This is not a bill - Thank you for your payment!

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