



FEE RECEIPT **24571**

OWNER NUMBER 3295 DATE 08/03/2018

TO: ARTHURS-MATSON LLC  
1100 HOSPITAL CIRCLE  
KINGFISHER OK ZIP 73750

PAID BY: CHECK

DESCRIPTION	QUANTITY	PRICE EACH	AMOUNT
PERMIT: Application	0	0.00	0.00
Renewal	0	0.00	0.00
Penalty	0	0.00	0.00
LICENSE: Application		0.00	0.00
Renewal		200.00	200.00
Penalty	1	50.00	50.00
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	<b>1</b>		<b>250.00</b>

**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!**