



FEE RECEIPT **25230**

OWNER NUMBER 3537

DATE 02/11/2019

TO: MMG SNYDER MEDICAL CLINIC
823 D STREET
SNYDER OK ZIP 73566

PAID BY: CHECK

DESCRIPTION	QUANTITY	PRICE EACH	AMOUNT
PERMIT: Application	1	100.00	100.00
Renewal	0	0.00	0.00
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		100.00

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!

7609