



FEE RECEIPT **25656**

OWNER NUMBER 3555

DATE 05/22/2019

TO: GREGSTONS NURSING & REHAB

711 S BROADWAY

MARLOW OK ZIP 73055

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	<b>1</b>		<b>100.00</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!**

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