



Department of Consumer Affairs

RECEIPT

23926646

Thank you for using the BreEZe System to submit your application.

Name:	SHULIAK, KARYNA
Transaction Date:	05/09/2019 17:15
Application Number:	██████████
Complaint Number:	
License Type:	██████████
License Number:	██████████
Payment Description:	DDS - Renewal Application
Fee Paid: (US \$)	650.00
Remaining Balance: (US \$)	0.00

Please print and save this receipt for your records.

This receipt is provided as a record for the above named licensee/applicant.

Illegal use or alteration of this receipt may result in criminal prosecution.
