

**Payment Processed:** **!!! Payment Successful !!!**

**Confirmation Number:** O1NX6TNKF9

**Invoice Amount Paid:** \$315.00

**Convenience Fee :** \$5.76

**Payment Submission Date:** 09/09/2025

<b>Invoice No.</b>	<b>Reference No.</b>	<b>Name</b>	<b>Amount</b>
0000305017	AR-25-015965	CHERIE DDS,LLC	315.00

**Total Amount Paid: \$320.76**

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