

Payment Receipt Confirmation

Your payment was successfully processed

Transaction Summary

Description	Amount
NC Liens	\$30
Total Amount Paid	\$30

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
RESAPPT	Appointment of Lien Agent (1-2 Family Dwelling) - Entry Number: 2361907	\$30	1	\$30
TOTAL				\$30

Customer Information		Payment Information	
Customer Name	Leslie Groves	Payment Type	Credit Card
Local Reference ID	792359	Billing Name	Leslie Groves
Receipt Date	4/21/2025	Credit Card Number	*****1913
Receipt Time	03:31:45 PM EDT	Order ID	89277090
		Credit Card Type	VISA
Billing Information			
Billing Address 1	14701 Philips Hwy Suite 300	Phone Number	9104864864
Billing Address 2		Fax Number	
Billing City, State	Jacksonville, FL		
Zip/Postal Code	32256		
Country	US		

LOT 536 CREEKSIDE OAKS NORTH