

# Filing Fee Payment Receipt

Date: June 24, 2024

**Receipt No:** FPR-20240624-00123

**Applicant Name:** John Doe

**Application Number:** APP-564839

**Fee Description:** Trademark Filing Fee

**Amount Paid:** \$200.00

**Payment Method:** Credit Card

Thank you for your payment. This receipt acknowledges your filing fee has been successfully paid.

Signature: