

CLIENT OPENING SURVEY FORM

| \mathbf{Mr} | William J | Mckendry |
|--|---------------------|----------------------------|
| MR./MRS./MISS | FIRST NAME | LAST NAME |
| 229-735-3378 | | 229-365-9658 |
| CONTACT NUMBER | | ALTERNATE NUMBER |
| | COMPANY DATA I | BASE |
| nckendry@farming.co.uk | Hadas Stein Cpa Inc | hadassteincpa.com |
| EMAIL ADDRESS | COMPANY NAME | WEBSITE URL |
| 3261 Moorpark Street Suite 20 | 01 | |
| Address | | |
| Sherman Oaks | CA | 91423 |
| City | State | ZIP Code |
| SIC DESCRIPTION | | Indonondont |
| NA SIC CODE | | Independent ENTITY TYPE |
| T. 1. 4500.000 | | 27,000,00 |
| Under \$500,000 COMPANY SALES | | 36,800.00 REVENUE (USD) |
| T A 1 | | 77770 |
| Los Angeles COUNTRY/REGION | | YES MEDICAL INSURANCE |
| | | |
| • | | • |
| JS Hwy 1 S, Saint Augustine, F Dr S, Saint Augustine, FL 3208 | | d +1 (904) 117- 1782 |