

## CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Jani	oiddy
MR./MRS./MISS	FIRST NAME	LAST NAME
206-711-6498		206-694-6284
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA BA	ASE
jbiddy@yahoo.com	Larry Levine & Assoc	levineandassociates.com
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL
13701 Riverside Drive # 604		
Address		
Sherman Oaks	CA	91423
City	State	ZIP Code
Public Relations Services		
SIC DESCRIPTION		
8743		Independent
SIC CODE		ENTITY TYPE
<b>Under \$500,000</b>		191,300
COMPANY SALES		REVENUE (USD)
Los Angeles		YES
COUNTRY/REGION	<del></del>	MEDICAL INSURANCE
•		•
US Hwy 1 S, Saint Augustine, F Dr S, Saint Augustine, FL 32080		+1 (904) 117- 1782