



CLIENT OPENING SURVEY FORM

Female
MR./MRS./MISS

norma
FIRST NAME

arana
LAST NAME

3366086947
CONTACT NUMBER

717-344-2804
ALTERNATE NUMBER

COMPANY DATA BASE

nmoral0013@gmail.com
EMAIL ADDRESS

Laxlegacylimo
COMPANY NAME

laxlegacylimo.com/
WEBSITE URL

1041 n ogden dr #1, West Holly
Address

Lee Vining
City

CA
State

93541
ZIP Code

Business Services, NEC
SIC DESCRIPTION

NA
SIC CODE

Subsidiary
ENTITY TYPE

Under \$500,000
COMPANY SALES

684,300.01
REVENUE (USD)

Mono
COUNTRY/REGION

YES
MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island
Dr S, Saint Augustine, FL 32080



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1782