

CLIENT OPENING SURVEY FORM

Mr	Keith	Lister
MR./MRS./MISS	FIRST NAME	LAST NAME
410-520-4832		410-957-6903
CONTACT NUMBER	ALTERNATE NUMBER	
	COMPANY DATA B	ASE
thlister@keithlister.plus.com	ROCHAARTS	rochaarts.com
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL
20660 Bahama St		
Address		
Covina	CA	91723
City	State	ZIP Code
Miscellaneous Publishing		
SIC DESCRIPTION		
NA		Independent
SIC CODE		ENTITY TYPE
\$5,000,000 to \$9,999,999	<u></u>	735,899.98
COMPANY SALES		REVENUE (USD)
Los Angeles		YES
COUNTRY/REGION		MEDICAL INSURANCE
•		•
US Hwy 1 S, Saint Augustine, Fl Dr S, Saint Augustine, FL 32080	*	+1 (904) 117- 1782