

CLIENT OPENING SURVEY FORM

IVII'S	V	1 oung	
MR./MRS./MISS	FIRST NAME	LAST NAME	
208-862-5339		208-737-8439	
CONTACT NUMBER		ALTERNATE NUMBER	
	COMPANY DATA E	BASE	
pnee436200@aol.com EMAIL ADDRESS	Lippenber Thompson Welch Soroko Gilbert	ltws.com WEBSITE URL	
EMAIL ADDRESS	COMPANY NAME	WEDSITE UKL	
0 Glen Ct			
Address			
San Francisco	CA	94104	
City	State	ZIP Code	
Legal Services			
IC DESCRIPTION			
8111		Independent	
SIC CODE		ENTITY TYPE	
\$25,000,000 to \$74,999,999		103,200	
COMPANY SALES		REVENUE (USD)	
San Francisco		YES	
COUNTRY/REGION		MEDICAL INSURANCE	
Q		•	
US Hwy 1 S, Saint Augustine, I Dr S, Saint Augustine, FL 3208		d +1 (904) 117- 1782	