



CLIENT OPENING SURVEY FORM

Female
MR./MRS./MISS

Nancy
FIRST NAME

De Vore
LAST NAME

3149541544
CONTACT NUMBER

509-595-6485
ALTERNATE NUMBER

COMPANY DATA BASE

nancydev1953@gmail.com
EMAIL ADDRESS

Larry Levine & Assoc
COMPANY NAME

levineandassociates.com
WEBSITE URL

13701 Riverside Drive # 604
Address

Sherman Oaks
City

CA
State

91423
ZIP Code

Public Relations Services
SIC DESCRIPTION

8743
SIC CODE

Independent
ENTITY TYPE

Under \$500,000
COMPANY SALES

191,300
REVENUE (USD)

Los Angeles
COUNTRY/REGION

YES
MEDICAL INSURANCE



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



+1 (904) 117-
1782