

CLIENT OPENING SURVEY FORM

| Mr | C | Edwards |
|--|--------------------------|-----------------------|
| MR./MRS./MISS | FIRST NAME | LAST NAME |
| 858-442-0835 | | same |
| CONTACT NUMBER | | ALTERNATE NUMBER |
| | COMPANY DATA I | BASE |
| lavid@williamsgolf.co.uk | Durham Gina Marie | omm.com |
| EMAIL ADDRESS | COMPANY NAME | WEBSITE URL |
| 400 South Hope St # 1060 | | |
| Address | | |
| Los Angeles | CA | 90071 |
| City | State | ZIP Code |
| Legal Services | | |
| SIC DESCRIPTION | | |
| 8111 | | Independent |
| SIC CODE | | ENTITY TYPE |
| Under \$500,000 | | 29,000.00 |
| COMPANY SALES | | REVENUE (USD) |
| Los Angeles | | YES |
| COUNTRY/REGION | | MEDICAL INSURANCE |
| | | |
| • | | |
| • | | |
| US Hwy 1 S, Saint Augustine, FL 32086, Plantation Island Dr S, Saint Augustine, FL 32080 | | +1 (904) 117- 1782 |