

CLIENT OPENING SURVEY FORM

| Male | Christian | Edgin |
|----------------------------------|----------------|-----------------------|
| MR./MRS./MISS | FIRST NAME | LAST NAME |
| 2819890210 | | 916-459-2433 |
| CONTACT NUMBER | | ALTERNATE NUMBER |
| | COMPANY DATA I | BASE |
| ns.reine2014@gmail.com | Krazan & Assoc | krazan.com |
| EMAIL ADDRESS | COMPANY NAME | WEBSITE URL |
| 805 Conor Ct | | |
| Address | | |
| Bakersfield | CA | 93307 |
| City | State | ZIP Code |
| Business Consulting Services, NI | EC | |
| SIC DESCRIPTION | | |
| 8748 | | Independent |
| SIC CODE | | ENTITY TYPE |
| \$500,000 to \$999,999 | | 118,700 |
| COMPANY SALES | | REVENUE (USD) |
| Kern | | YES |
| COUNTRY/REGION | | MEDICAL INSURANCE |
| | | |
| | | |
| • | | • |
| US Hwy 1 S, Saint Augustine, Fl | | +1 (904) 117- 1782 |