

CLIENT OPENING SURVEY FORM

| Female | Zakiyyah | Saafir |
|---|--------------------------------|----------------------------------|
| MR./MRS./MISS | FIRST NAME | LAST NAME |
| 9196383830 | | 619-935-6661 |
| CONTACT NUMBER | | ALTERNATE NUMBER |
| | COMPANY DATA E | BASE |
| znsaafir@gmail.com EMAIL ADDRESS | Loska Property Inspections Inc | propertysandiego.com WEBSITE URL |
| 2699 Atlantic Ave | COMPANY NAME | |
| Address | | |
| San Diego | CA | 92115 |
| City | State | ZIP Code |
| Operators of Nonresidential Bui | ldings | |
| SIC DESCRIPTION | | |
| 6512 | | Independent |
| SIC CODE | | ENTITY TYPE |
| \$1,000,000 to \$4,999,999 | | 706,499.99 |
| COMPANY SALES | | REVENUE (USD) |
| San Diego | | YES |
| COUNTRY/REGION | | MEDICAL INSURANCE |
| | | |
| Q | | • |
| US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island Dr S, Saint Augustine, FL 32080 | | +1 (904) 117- 1782 |