



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Lavonna

FIRST NAME

Wolny

LAST NAME

703-483-1970

CONTACT NUMBER

703-892-2914

ALTERNATE NUMBER

## COMPANY DATA BASE

[lavonna.wolny@hotmail.com](mailto:lavonna.wolny@hotmail.com)

EMAIL ADDRESS

Ogden Efs

COMPANY NAME

<http://www.efslc.com>

WEBSITE URL

1104 Country Hills Drive Ste 700

Address

Ogden

City

Utah

State

84403-2435

ZIP Code

### Banking

SIC DESCRIPTION

6221

SIC CODE

Independent

ENTITY TYPE

Under \$500,000

COMPANY SALES

99,600.00

REVENUE (USD)

Utah

COUNTRY/REGION

YES

MEDICAL INSURANCE



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



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1782