



# CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Laurel

FIRST NAME

PRgliucR

LAST NAME

409-694-4199

CONTACT NUMBER

409-494-6484

ALTERNATE NUMBER

## COMPANY DATA BASE

laurel@yahoo.com

EMAIL ADDRESS

Lewis Marenstein Wicke  
Sherwin

COMPANY NAME

lmwslaw.com

WEBSITE URL

20750 Ventura Boulevard # 400

Address

Woodland Hills

City

CA

State

91364

ZIP Code

Legal Services

SIC DESCRIPTION

8111

SIC CODE

Independent

ENTITY TYPE

\$500,000 to \$999,999

COMPANY SALES

99,600.00

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



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1782