



# CLIENT OPENING SURVEY FORM

Mr

MR./MRS./MISS

Mike

FIRST NAME

Pentally

LAST NAME

619-603-5125

CONTACT NUMBER

619-935-6661

ALTERNATE NUMBER

## COMPANY DATA BASE

mike@eprintfinancial.com

EMAIL ADDRESS

Laxlegacylimo

COMPANY NAME

laxlegacylimo.com/

WEBSITE URL

1041 n ogden dr #1, West Holly

Address

Lee Vining

City

CA

State

93541

ZIP Code

Business Services, NEC

SIC DESCRIPTION

NA

SIC CODE

Subsidiary

ENTITY TYPE

Under \$500,000

COMPANY SALES

684,300.01

REVENUE (USD)

Mono

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