



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Shenika

FIRST NAME

SsswRld

LAST NAME

818-426-4007

CONTACT NUMBER

818-749-8640

ALTERNATE NUMBER

COMPANY DATA BASE

shenika@yahoo.com

EMAIL ADDRESS

Paul Brisson Attorney

COMPANY NAME

paulbrisson.com

WEBSITE URL

427 Yale Avenue

Address

Claremont

City

CA

State

91711

ZIP Code

Legal Services

SIC DESCRIPTION

NA

SIC CODE

Parent

ENTITY TYPE

Under \$500,000

COMPANY SALES

379,200.01

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