

## CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Peggie	SturiRls
MR./MRS./MISS	FIRST NAME	LAST NAME
619-608-1766		619-694-8086
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA I	BASE
• 6	Couponfundraising	1.
peggie@cox.net EMAIL ADDRESS	Com COMPANY NAME	www.eckim.com WEBSITE URL
4519 Admiralty Way		
Address		
Marina Del Rey	CA	90292
City	State	ZIP Code
Engineering & Management Ser	rvices	
SIC DESCRIPTION		
8742		Parent
SIC CODE		ENTITY TYPE
<b>Under \$500,000</b>		881,399.99
COMPANY SALES		REVENUE (USD)
Los Angeles		YES
COUNTRY/REGION		MEDICAL INSURANCE
Q		•
US Hwy 1 S, Saint Augustine, Fl Dr S, Saint Augustine, FL 32080	+1 (904) 117- 1782	