

CLIENT OPENING SURVEY FORM

Miss	${f L}$	Hamilton
MR./MRS./MISS	FIRST NAME	LAST NAME
760-458-9302	760-458-9302 ALTERNATE NUMBER	
CONTACT NUMBER		
	COMPANY DATA BA	SE
nilton@perthcm.sacro.org.uk	Ohana Fiduciary	http://www.ohanafc.com
EMAIL ADDRESS	Corporation COMPANY NAME	WEBSITE URL
3000 Linden Ave N Ste 112		
Address		
Seattle	Washington	98133-7469
City	State	ZIP Code
Management and Related Consul	Iting Services	
SIC DESCRIPTION		
696	Independent	
SIC CODE	ENTITY TYPE	
\$1,000,000 to \$4,999,999	706,499.99	
COMPANY SALES	REVENUE (USD)	
Washington	YES	
COUNTRY/REGION	MEDICAL INSURANCE	
Q		•
US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island Dr S, Saint Augustine, FL 32080		+1 (904) 117- 1782