

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Margart	Msissl
MR./MRS./MISS	FIRST NAME	LAST NAME
416-617-2662		416-747-9606
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA I	BASE
rgart_meisel@yahoo.com	MTS Banaadir	http://www.mtcs.org
EMAIL ADDRESS	Academy COMPANY NAME	WEBSITE URL
130 N 7Th St		
ddress		
Minneapolis	Minnesota	55411-4091
City	State	ZIP Code
School Education		
IC DESCRIPTION		
802		Independent
SIC CODE		ENTITY TYPE
Under \$500,000		188,100
COMPANY SALES		REVENUE (USD)
Minnesota		YES
COUNTRY/REGION		MEDICAL INSURANCE
Q		<u>©</u>
US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island Dr S, Saint Augustine, FL 32080		d +1 (904) 117- 1782