

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Sue	Kownacki
MR./MRS./MISS	FIRST NAME	LAST NAME
907-741-1044		907-227-6777
CONTACT NUMBER	ALTERNATE NUMBER	
	COMPANY DATA B	ASE
	Lippenber Thompson	14
sue@aol.com EMAIL ADDRESS	Welch Soroko Gilbert COMPANY NAME	WEBSITE URL
0 Glen Ct		
ddress		
San Francisco	CA	94104
City	State	ZIP Code
Legal Services		
IC DESCRIPTION		
8111		Independent
SIC CODE		ENTITY TYPE
\$25,000,000 to \$74,999,99	9	103,200
COMPANY SALES		REVENUE (USD)
San Francisco		YES
COUNTRY/REGION		MEDICAL INSURANCE
Q		<u>c</u>
US Hwy 1 S, Saint Augustine, F Dr S, Saint Augustine, FL 3208		+1 (904) 117- 1782