

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Lavera	Psrin
MR./MRS./MISS	FIRST NAME	LAST NAME
604-606-7291		604-994-2078
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA I	BASE
lperin@perin.org	Torgerson Noel	lawfriend.com
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL
35 Anton Boulevard # 810		
Address		
Costa Mesa	CA	92626
City	State	ZIP Code
Legal Services		
SIC DESCRIPTION		
8111		Independent
SIC CODE		ENTITY TYPE
Under \$500,000		881,399.99
COMPANY SALES		REVENUE (USD)
Orange		YES
COUNTRY/REGION		MEDICAL INSURANCE
•		<u>.</u>
US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island		+1 (904) 117-