

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Donette	Foller
MR./MRS./MISS	FIRST NAME	LAST NAME
513-570-1893		513-549-4561
CONTACT NUMBER	ALTERNATE NUMBER	
	COMPANY DATA B	BASE
donette.foller@cox.net	Paul Brisson Attorney	paulbrisson.com
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL
27 Yale Avenue		
Address		
Claremont	CA	91711
City	State	ZIP Code
Legal Services		
SIC DESCRIPTION		
NA		Parent
SIC CODE		ENTITY TYPE
Under \$500,000		379,200.01
COMPANY SALES		REVENUE (USD)
Los Angeles		YES
COUNTRY/REGION	MEDICAL INSURANCE	
Q		•
US Hwy 1 S, Saint Augustine, F Dr S, Saint Augustine, FL 32080		d +1 (904) 117- 1782