

CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Jani	Biddy
MR./MRS./MISS	FIRST NAME	LAST NAME
206-711-6498		206-395-6284
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA I	BASE
jbiddy@yahoo.com	Larry Levine & Assoc	levineandassociates.com
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL
3701 Riverside Drive # 604		
Address		
Sherman Oaks	CA	91423
City	State	ZIP Code
Public Relations Services		
SIC DESCRIPTION		
8743		Independent
SIC CODE		ENTITY TYPE
Under \$500,000		191,300
COMPANY SALES		REVENUE (USD)
Los Angeles		YES
COUNTRY/REGION		MEDICAL INSURANCE
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US Hwy 1 S, Saint Augustine, F Or S, Saint Augustine, FL 3208	d +1 (904) 117- 1782	