CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Willard	lolmstz
MR./MRS./MISS	FIRST NAME	LAST NAME

972-606-9197	972-896-4882
CONTACT NUMBER	ALTERNATE NUMBER

COMPANY DATA BASE

willard@gmail.com	Larry Levine & Assoc	levineandassociates.com
EMAIL ADDRESS	COMPANY NAME	WEBSITE URL

13701 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