

## CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Raul	Upthsgrovs
MR./MRS./MISS	FIRST NAME	LAST NAME
619-409-4282		619-666-4764
CONTACT NUMBER		ALTERNATE NUMBER
	COMPANY DATA I	BASE
	Ohana Fiduciary	
rupthegrove@yahoo.com EMAIL ADDRESS	Corporation COMPANY NAME	http://www.ohanafc.com WEBSITE URL
13000 Linden Ave N Ste 112		
Address		
Seattle	Washington	98133-7469
City	State	ZIP Code
Management and Related Const	alting Services	
SIC DESCRIPTION		
696		Independent
SIC CODE		ENTITY TYPE
\$1,000,000 to \$4,999,999		706,499.99
COMPANY SALES		REVENUE (USD)
Washington		YES
COUNTRY/REGION	<del></del>	MEDICAL INSURANCE
•		•
US Hwy 1 S, Saint Augustine, Fl Dr S, Saint Augustine, FL 32080	+1 (904) 117- 1782	