

## CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss	Yoko	Fishourns
MR./MRS./MISS	FIRST NAME	LAST NAME
206-406-4706		206-840-8664
CONTACT NUMBER	ALTERNATE NUMBER	
	COMPANY DATA B	ASE
	Clinimetrics Research	
yoko@fishburne.com EMAIL ADDRESS	Associates, INC	www.clinimetrics.com WEBSITE URL
EMAIL ADDRESS	COMPANY NAME	WEBSITE CKL
285 Hellyer Ave		
Address		
San Jose	CA	95138
City	State	ZIP Code
Engineering & Management Se	rvices	
SIC DESCRIPTION		
8731		Independent
SIC CODE		ENTITY TYPE
<b>Under \$500,000</b>		138,600.01
COMPANY SALES		REVENUE (USD)
Santa Clara		YES
COUNTRY/REGION		MEDICAL INSURANCE
•		•
US Hwy 1 S, Saint Augustine, F Dr S, Saint Augustine, FL 32080		+1 (904) 117- 1782