

CLIENT OPENING SURVEY FORM

Female	Karen	Cleveland
MR./MRS./MISS	FIRST NAME	LAST NAME
7709128875		337-774-7564
CONTACT NUMBER	ALTERNATE NUMBER	
	COMPANY DATA B	BASE
billy99us@gmail.com	Law Office of John D.	NA
EMAIL ADDRESS	Company NAME	WEBSITE URL
25 S Lake Ave Ste 300		
ddress		
Pasadena	California	91101-3009
City	State	ZIP Code
Nonclassifiable Establishments		
IC DESCRIPTION		
9900		Independent
SIC CODE		ENTITY TYPE
Under \$500,000		245,100.01
COMPANY SALES		REVENUE (USD)
California		YES
COUNTRY/REGION		MEDICAL INSURANCE
•		©
US Hwy 1 S, Saint Augustine, I Dr S, Saint Augustine, FL 3208		+1 (904) 117- 1782