

Thank you for doing business with us. Please take a moment to let us know how we are doing.

Would you recommend us to others? Yes No
Did we refer to you by name? Yes No

- | | Poor | Fair | Good | Very Good | Superior |
|--|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| 1. How was our professionalism? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. How well did we listen to you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. How well did we communicate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. What was the quality of our work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. How was your overall experience? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Which members of our staff did you have contact with? _____ | | | | | |
| 7. Additional Comments: _____ | | | | | |

Name Mary L Adams (optional) Date 6-20-2010