

**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 type="checkbox"/>	<input checked="" type="checkbox"/>
2. How well did we listen to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. How well did we communicate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. What was the quality of our work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. How was your overall experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Which members of our staff did you have contact with?	SHANNON				
7. Additional Comments:					

Name LOROTHY EWINN (optional) Date 10/15/09