

CUSTOMER SATISFACTION CERTIFICATE



PAINTING • ROOFING • WINDOWS

7 7 7 - 1 2 3 4

STATE LICENSE NO. 245291

This form is presented to you so that we can insure the work on your building has been completed. Please check the appropriate blocks below:

The work completed is: Excellent Satisfactory Passable

Type of work performed by Armstrong:

- PAINTING
- ROOFING
- WINDOWS
- CARPENTRY
- VINYL SIDING
- GUTTERS AND/OR
- DOWNSPOUTS
- OTHERS (please list) _____

Comments and Suggestions: Mr. Deleon
& his crew most nice
& gracious people. Nice to
work with. Barbara

Can we use your name as a reference? yes no

Can we use a picture of your house without an address
as a reference? yes no

Can we use your address as a reference? yes no

Date: June 2, 2009

Name: Barbara Ann Moe

Address: 861 Sunset Ln.

City: San Carlos, Ca 94070

Installer (if name known): Mr. Deleon

Customer Signature: Barbara A. Moe