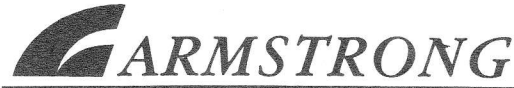


# CUSTOMER SATISFACTION CERTIFICATE



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: QUICK: EFFICIENT!

LOVE THE WINDOWS

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: 2/26/10

Name: JAMES G TOM

Address: 1914 14TH AVE

City: SF

Installer (if name known): IGOR

Customer Signature: [Signature]