(Email and personal information required for report of	onfirmation)				
Name: Cheryl Drink	water				
Phone: (828) (696 8024					
Address: 107 Stone gate	Dr				
and Irda.	State 1	Zip:	785	104	
Email: (required) Cheryldrinker	athacha	uter	ut	- 1	
Littali. (required)					
	The second of the second	: OTE	to C	ADDE	1-
Company Name:	SIEAWI	MAJIE		11111	IRIC
Company Name:	PHOLS	ERYU	LAI	anars,	11700-
Address:	F 6 1731	O. BOX	700 200	730	
City:					
Oity.	Otato.				
Did the company/individual perform serv	ices? (Ŷ) N				
(as opposed to just an estimate, phone call for information	mation, etc.)				
Approximately how much did you spend					
Approximate service date:	7-14				
Approximate service date.		***************************************			
Please describe (in detail) the services p	erformed.				
rapet Cleaning					
- Carper Calanting					H
					ě.
How did it go overall? Tell us the story f	rom etart to finis	h-			
(example: Bob the plumber was on time and reason	nably priced, but he s	vas too cha	ttyj	2	
on time profession	DO (1810)	13 191	Liga	4	
TOPE THE DIESSIO	FCC CCVC		224		-
		***********			-
					-
	Α	вс	D	F N/A	7
Overall Experience:	A	0 0	_	0	•
Overall Experience:		0 0		0 @	
Price:			(77)	0 0	
Quality: ····		0 0	0	0 0	
Responsiveness:			0	0 0	
Punctuality: · · · · · · · · · · · · · · · · · · ·		0 0	0	0 0	
Professionalism:		0 0	O	0 0	
(20 M M		0 65	- h1		
Would you use this company/individua	again in the fut	ure? (Y) N		
10 0	(_			
Signature:					_
Nata: 11-7 >14					