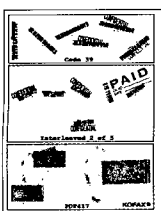
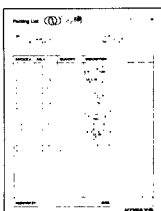
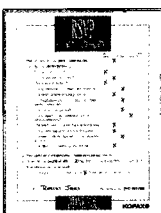




VRS Demonstration Documents



| Form Name | Characteristics | VRS Feature Highlighted |
|---------------|--|---|
| Passport | Very dark photo copy, odd sized paper. | Ability to drop out dark background while retaining content. |
| CORE Medical | Paper with light check marks, green spot color, red marks, red stamp over a bar code, highlights over handwriting. | Ability to retain the highlights, data under highlight. Ability to call out the light writing and capture the red stamp over the bar code. |
| RSVP | Light blue paper with darker blue text. | Ability to retain the darker blue text and check marks while dropping out the background color. Also can show color normalization and reduced file size for a color document. |
| Packing List | Light yellow paper with faint machine type print. | Ability to clean up machine print and make it more readable. Ability to drop out background color. Also could show how to normalize background color and reduce file size for a color document. |
| Barcode sheet | Variety of barcodes, stamps and stains. | Ability to retain important information while dropping out "noise". |

RSVP

We invite your comments. Your response to this special survey helps us to serve you better.

| | Very Good | Good | Fair | Poor | Very Poor |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1. Overall, how do you rate the food service? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. How do you rate the following: | | | | | |
| a. The flavor of the food? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The temperature of the food? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The quality of the food? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The appearance and presentation of the food? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The variety of food choices available? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. The helpfulness and friendliness of our food service personnel? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. The speed of our service? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The professional appearance of our food service personnel? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| i. The cleanliness of the serving and dining area? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. The general appearance of the dining area? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. The cleanliness of trays, silverware, plates and glasses? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. The value of the meals you purchased? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Your comments are welcome. Please write on the reverse.

4. When do you usually work? ☒ Day Shift ☐ Evening Shift ☐ Night Shift

5. How often do you dine here?

☐ Everyday ☐ 2 or 3 times a week ☒ Once a week ☐ Infrequently

(Optional)

Your Name: ROBERT JONES Phone Number: (949) 727-1733

THANK YOU!

KOFAX 