PROPOSERS' CONFERENCE
AS-NEEDED POTABLE WATER TANK INSPECTION AND CLEANING SERVICES (2011-AN020)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
THURSDAY, AUGUST 11, 2011, AT 9 A.M., CONFERENCE ROOM A

Please print clearly and leave your business card.

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
INLAND POTABLE SERVICES Company Name Name of Parent Company (if Applicable)	JANET HUGHES Attendee's Name PRESIDENT Title	Mailing Address: 16297 E. CRESTLINE LA City: CENTENNIAL State: CO Zip: 80015 Telephone Number: (303 400 4720 FAX: (303 400 4215 E-Mail Address: janc@inlandpotableservices.com
Blue Earth Labs Company Name Name of Parent Company (if Applicable)	Tim Wright Attendee's Name Sales Title	Mailing Address: City: State: Zip: Telephone Number: ( ) FAX: ( ) E-Mail Address: Tim.Wright@BlueEarthLabs.Co
BlueEarthLabs Company Name Name of Parent Company (if Applicable)	Jeff Kaut Attendee's Name Operations/Safety Title	Mailing Address: 5055 W Patrick City Las Vegas State: NV Zip: 89118 Telephone Number ( ) FAX. ( ) E-Mail Address:
Tidal Marine Construction Company Name Name of Parent Company (if Applicable)	Kelly Meraz Attendee's Name Asst Title	Mailing Address: City State: Zip: Telephone Number: (925) 609-6464 FAX: ( ) E-Mail Address: sstambaugh@tidalmarine.net
Company Name Name of Parent Company (if Applicable)	Attendee's Name Title	Mailing Address: City State: Zip: Telephone Number ( ) FAX: ( ) E-Mail Address:

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
H2O Solutions, LLC Company Name Name of Parent Company (if Applicable)	Richard Peterson Attendee's Name Member Title	Mailing Address: P.O. Box 50044 City: Bellevue State: WA Zip: 98015 Telephone Number: (425) 449-8052 FAX: (425) 449-8054 E-Mail Address: contact@h2odivingsolutions.com
CSI Services Inc Company Name Name of Parent Company (if Applicable)	Patrick Sweeney Attendee's Name Project Manager Title	Mailing Address: P.O. Box 801357 City: Santa Clarita State: CA Zip: 91380 Telephone Number: (877) 274-2422 FAX: (661) 775-7624 E-Mail Address: psweeney@csiservices.biz
LiguVision Technology Company Name Name of Parent Company (if Applicable)	William Surber Attendee's Name Title	Mailing Address: 711 MARKET ST. City: Klamath Falls State: OR Zip: 97601 Telephone Number: (800) 229-6959 FAX: (541) 883-1361 E-Mail Address: liguvision@divingservices.com
Company Name Name of Parent Company (if Applicable)	Attendee's Name Title	Mailing Address: City: State: Zip: Telephone Number: ( ) FAX: ( ) E-Mail Address:
Company Name Name of Parent Company (if Applicable)	Attendee's Name Title	Mailing Address City: State: Zip: Telephone Number: ( ) FAX: ( ) E-Mail Address: