## PROPOSERS' CONFERENCE LOS ANGELES RIVER TRASH AND DEBRIS COLLECTION SYSTEM (2010-AN016) LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS MONDAY, NOVEMBER 1, 2010, AT 9 A.M., CONFERENCE ROOM B

Please print clearly and leave your business card.

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Ballard Diving and Salvage Company Name  Name of Parent Company (if Applicable)	Jason Matthews Attendee's Name  Bistinator South Division Manual	Mailing Address: 1/35 NW 9544  City:
FREY ENVIRONMENTAL  Company Name  Name of Parent Company (if Applicable)	STEVE ZUEU  Attendee's Name  PROJECT MANAGER	Mailing Address: 28/7-A LAFA YETE AUE  City: WEWPORT BEALTH State: CA Zip: 92663  Telephone Number: 949 723-1695 FAX: 949 723-1854  E-Mail Address: STEVELIFO OFREYTAC. COU
Mi NCO CONSTRUCTION Company Name  Name of Parent Company (if Applicable)	PeTer Saad Attendee's Name	Mailing Address: 522 AILLINE Way  City: Gahdena State: CA Zip: 90248  Telephone Number: (310) 516 8100 FAX: (310) 516 404  E-Mail Address: Laffi Tamincoconsiluction com
Company Name  Name of Parent Company (if Applicable)	Attendee's Name	Mailing Address:
Company Name  Name of Parent Company (if Applicable)	Attendee's Name	Mailing Address:

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
LOS ANGELES GNG- Company Name  Name of Parent Company (if Applicable)	Attendee's Name  EST-  Title	Mailing Address: 633 N. BARRANCA AJE  City: Color A State: CA Zip: 91723  Telephone Number: (Coll) 459-5222 FAX: (Color 451-5276  E-Mail Address: 109AH A LAENIE NET
Name of Parent Company (if Applicable)	Attendee's Name	Mailing Address:       17800 S. Main St.       #-26         City:       Grandeng       State: CA Zip:       90248         Telephone Number:       3/0) 5/6 9923 FAX: 3/0) 5/6 9974         E-Mail Address:       Ymco(a) Sbcg/obs/ net
Company Name  Name of Parent Company (if Applicable)	Attendee's Name	Mailing Address:
Company Name  Name of Parent Company (if Applicable)	Attendee's Name	Mailing Address: State: Zip:  Telephone Number: () FAX: ()  E-Mail Address:
Company Name  Name of Parent Company (if Applicable)	Attendee's Name	Mailing Address:

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Company Name , (if Applicable)	Chris Birkett  Attendee's Name  Receptative  Title	Mailing Address: 428 N RUCHANAN GRULD  City: Suite #5 PMNOCE Zip: 94553  Telephone Number: 925 609 CHCHFAX: 925 609 C46 C5  E-Mail Address: SACKAMOTIDAL MARINE NET
Company Name  Name of Parent Company (if Applicable)	STEVE ACKOUT,  Attendee's Name	Mailing Address:
Company Name  Name of Parent Company (if Applicable)	Attendee's Name	Mailing Address:
Company Name  Name of Parent Company (if Applicable)	Attendee's Name	Mailing Address:
Company Name  Name of Parent Company (if Applicable)	Attendee's Name	Mailing Address:  City: State: Zip:  Telephone Number: () FAX: ()  E-Mail Address: