PROPOSERS' CONFERENCE
AS-NEEDED HAUL TRUCK SERVICES PROGRAM (2011-AN039)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
MONDAY, AUGUST 1, 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
Debbies Transportation Company Name Name of Parent Company (if Applicable)	Debbie Fadenholz Attendee's Name Owner Title	Mailing Address 4212 E LA Ave #3003 City Simi Valley State CA Zip 93063 Telephone Number 805 520-8040 FAX 805 582-0522 E-Mail Address wormsmom1@yahoo.com
NLS TRUCKING Company Name Name of Parent Company (if Applicable)	ISAAC GARCIA Attendee's Name Title	Mailing Address 13284 Hubbard St. City Sylmar State CA Zip 91342 Telephone Number (818) 627-8987 FAX (818) 698-4581 E-Mail Address IGARCIA.NLSTRUCKING@YAHOO.COM
L CURTI Company Name Name of Parent Company (if Applicable)	Cathy Curti Attendee's Name MANAGER Title	Mailing Address PO Box 2030 City Redlands State CA Zip 92373 Telephone Number (909) 335-3411 FAX (909) 335-7499 E-Mail Address LCURTITE@AOL.COM
FAMILY TRANSPORT INC. Company Name Name of Parent Company (if Applicable)	STEVEN T. BLEDSOE Attendee's Name Title	Mailing Address 3184 GRANDEUR AVE City ALTADENA State CA Zip 91001 Telephone Number (626) 798-2240 FAX (626) 791-1447 E-Mail Address FamilyTransportInc@ymail.com
V&K TRUCKING Company Name Name of Parent Company (if Applicable)	VIKEN MARDIROSSIAN Attendee's Name PRES Title	Mailing Address 19213 BESSEMER ST. City RESEDA State CA Zip 91335 Telephone Number (818) 254-6424 FAX (818) 755-4027 E-Mail Address VIKEN624@GMAIL.COM

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APRIL'S DISPATCH Company Name Name of Parent Company (if Applicable)	APRIL CONTRERCAS Attendee's Name OWNER Title	Mailing Address: P.O. BOX 11656 City: BURBANK State: CA Zip: 91510 Telephone Number: (818) 768-2132 FAX: (818) 450-0490 E-Mail Address: adispatch@ca.rr.com
Shenkel Inc Company Name DBA Shenkel Mgt Inc Name of Parent Company (if Applicable)	Madelaine Shenkel Attendee's Name Pres Title	Mailing Address: P.O Box 4823 City: Thousand Oaks State: CA Zip: 91359 Telephone Number: (805) 4491331 FAX: 805 449-1661 E-Mail Address: MISHENKEL@GMAIL.COM
Diesel Alley, INC. Company Name " " Haulers Name of Parent Company (if Applicable)	CHRIS ROSALES Attendee's Name Owner Title	Mailing Address: 4951 MASON ST. City: South Gate State: CA Zip: 90280 Telephone Number: 213 272-8090 FAX: 323 563-2814 E-Mail Address: chris@dieselalley.com
C R & R Company Name Name of Parent Company (if Applicable)	KEVIN FIDEL Attendee's Name TRANSPORTATION MGR Title	Mailing Address: 11292 Western Ave City: STANTON State: CA Zip: 90680 Telephone Number: (714) 826 9049 FAX: ( ) E-Mail Address: ~~KFIDEL~~ KFidel@crrmail.com
Vera & Sons Trucking Company Name Name of Parent Company (if Applicable)	Luis Perez Attendee's Name owner Title	Mailing Address: 1746 Tekair ave City: Pacoima State: Ca Zip: 91331 Telephone Number: 818 535-5432 FAX: (818) 810-9747 E-Mail Address: lazmanian_jump@hotmail.com

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E JASPER TRKG Company Name Name of Parent Company (if Applicable)	LYNN JASPER Attendee's Name OWNER Title	Mailing Address: 11515 So. Hawthorne Blvd City: Hawthorne State: CA Zip: 90250 Telephone Number: 323 754-9877 FAX: 323 754-8558 E-Mail Address: eljasperdumptrkg@aol.com
NLS TRUCKING Company Name Name of Parent Company (if Applicable)	NORBERTO SALDIVAR Attendee's Name Title	Mailing Address: 13284 HUBBARD ST. City: SYLMAR State: CA Zip: 91342 Telephone Number: (818) 627-8987 FAX: (818) 698-4581 E-Mail Address: NORBERTO@LIVE.COM
L-RILEY Trucking Company Name Name of Parent Company (if Applicable)	~~Leslie A. Riley~~ Attendee's Name Owner Title	Mailing Address: 23746 Livewood Lane City: Harbor city State: CA Zip: 90710 Telephone Number: (323) 353-9332 FAX: (310) 530-1740 E-Mail Address: LRileyTrucking@YAHOO.com
L Riley Trucking Company Name Name of Parent Company (if Applicable)	Rayana Lewis Attendee's Name Secretary Title	Mailing Address: 23746 Livewood Lane City: Harbor City State: CA Zip: 90731 Telephone Number: (310) 530-1720 FAX: (310) 530-1740 E-Mail Address: rayana.lrileytrucking@gmail.com
Albert A. Blackshear Trucking Company Name Name of Parent Company (if Applicable)	Albert Blackshear Attendee's Name Title	Mailing Address: 335 E. Albertoni St #200-548 City: Carson State: CA Zip: 90746 Telephone Number: (310) 324-7396 FAX: (310) 324-7397 E-Mail Address: abdumptrucks@sbcglobal.net

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Lou Lavin Trucking Company Name Name of Parent Company (if Applicable)	Lou Lavin Attendee's Name owner/operator Title	Mailing Address 16322 Marilyn Dr. City Granada Hills State CA Zip 91344 Telephone Number (818) 612-3195 FAX: (818) 363-1299 E-Mail Address. LouLavinTrucking@Yahoo.com
Three Way Hauling LLC Company Name Name of Parent Company (if Applicable)	Marco Antonio Miranda Attendee's Name president Title	Mailing Address 8936 Gramercy Place City LA State CA Zip 90047 Telephone Number (323) 823-3847 FAX: ( ) E-Mail Address: theymessageme@yahoo.com
L.A.C Motor Enterprise Company Name Johnny Name of Parent Company (if Applicable)	John Ciauri S.R. Attendee's Name VP operation Title	Mailing Address 700 E Route 66 #86 City: Glendora State CA Zip 91740 Telephone Number (626) 915 1713 FAX: ( ) E-Mail Address: LAC motor Enterprises@netzero
J.C. Bros. Inc Company Name Johnny Name of Parent Company (if Applicable)	Jon Ciauri Attendee's Name owner Title	Mailing Address: 127 Acacia St City: San Dimas State: CA Zip: 91773 Telephone Number (626) 388 6196 FAX: ( ) E-Mail Address: JCBrosInc@Gmail.com
REH Trucking Company Name Name of Parent Company (if Applicable)	Henry Hernandez Attendee's Name V.P. Title	Mailing Address: PO Box 880 City: Chino Hills State: CA Zip: 91709 Telephone Number: (909) 591-0821 FAX: (909) 591-0501 E-Mail Address: henryhccp@gmail.com

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Alcaraz Transport LL Company Name N/A Name of Parent Company (if Applicable)	Albert Alcaraz Attendee's Name Owner Title	Mailing Address: 15502 Briarbank St. City: La Puente State: CA Zip: 91792 Telephone Number: ( ) FAX: ( ) E-Mail Address:
GAP Trucking Inc. Company Name N/A Name of Parent Company (if Applicable)	Sofia Carrillo Attendee's Name Treasurer Title	Mailing Address: 1724 Woodgate Dr City: West Covina State: CA Zip: 91792 Telephone Number: (626) 343-7376 FAX: ( ) E-Mail Address: carrillo5764@charter.net
CRER INC. Company Name Name of Parent Company (if Applicable)	Bob Williams Attendee's Name Title	Mailing Address: 11242 WESTERN AVE City: STANTON State: CA Zip: 90680 Telephone Number: (714) 826-4049 FAX: ( ) E-Mail Address: bobw@CRRMA.com
ADVANCE Logistics Company Name N/A Name of Parent Company (if Applicable)	Richard Ross Attendee's Name Owner Title	Mailing Address: 9409 Benet Way City: Bakersfield State: CA Zip: 93311 Telephone Number: (661) 805-4850 FAX: (661) 456-0212 E-Mail Address: Richard.2055@gmail.com
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
ROMEJAN Company Name Name of Parent Company (if Applicable)	ALEJANDRO ROMERO Attendee's Name President Title	Mailing Address: 2352 GATEWOOD ST. City: LOS ANGELES State: CA Zip: 90031 Telephone Number: (323) 223 0412 FAX: (323) 223 0412 E-Mail Address: AROMERO@ROMEJAN.COM
KEEP IT MOVING INC Company Name Name of Parent Company (if Applicable)	Michael Candler Attendee's Name President Title	Mailing Address: 6709 LA TIJERA BLVD #139 City: LOS ANGELES CA State: CA Zip: 90045 Telephone Number: (213 216-1443 FAX: 323) 232-2966 E-Mail Address: Michael@KeepitMovingInc.NET
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:
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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Haul-N-It Inc. Company Name Name of Parent Company (if Applicable)	John Smith Attendee's Name President Title	Mailing Address: 9018 Balboa Ave #328 City: Northridge State: CA Zip: 91325 Telephone Number: (818) 349-9151 8185907022 FAX: (818) 349-9171 E-Mail Address: Haul-N-It @ att.net
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.
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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Little House Rental Inc Company Name Name of Parent Company (if Applicable)	Darlene Rufus Attendee's Name V.P Title	Mailing Address 1645 E. Market St City Long Beach State Ca Zip 90805 Telephone Number 562) 6588409 FAX: ( ) E-Mail Address topshelf5449@aol.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.
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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