PROPOSERS' CONFERENCE for

NEXT GENERATION MAIN'T MGMT SYSTEM (NEXTGEN MMS) MAXIMO UPGRADE & SERVICES (2015-IT011) THURSDAY, AUGUST 6, 2015, AT 9 A.M, CONFERENCE ROOM B LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS

Please print clearly and leave your business card.

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Electronic Dota Inc ESI	Brian Harison	Mailing Address: 780 Car, Max Parkury Sufe 100
Company reams	Lescitory Minasor	er (727) 365 6508 FAX:
WIRD LID	SRIKAR AND G	Mailing Address: 76の S Jones BLVD , City: しょ いそにみょ State: シン Zip: 91/39
Name of Parent Company (if Applicable)	MAXIMO TECH LEAD	Address: SRIKAR - ANDE
ACTURG Company Name	Hordrew Steward	Mailing Address: RO Box 1088 City: What State: A Z zip: 85203
Name of Parent Company (if Applicable)	Monasing Partner	E-Mail Address: andy. Sturant actives. Com
Company Name	MICHAEL CARR Attendee's Name	Mailing Address: 7201 E CAMELSACK #550 City: 5C OTTSDALE State \(\frac{1}{2}\) Zip: \(\frac{1}{2}\) S251 Telephone Number: \(\frac{1}{2}\) T80, \(\frac{1}{2}\) FAX: \(\frac{1}{2}\)
Name of Parent Company (II Applicative)	MICHEL LORDAL	Mailing Address: 2399 CARRIBGE CIRCLE State: CA 7in: 82056
Company ranno	PRESIDENCE STREET	Telephone Number: (745) 71.57 FAX: ()
Name of Parent Company (if Applicable)	Title	E-Mail Address: IMCORNEY & ACOUNTS SOUND 11 SAS. COM

NEXT GENERATION MAIN'T MGMT SYSTEM (NEXTGEN MMS) MAXIMO UPGRADE & SERVICES (2015-IT011) THURSDAY, AUGUST 6, 2015, AT 9 A.M, CONFERENCE ROOM B LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS **PROPOSERS' CONFERENCE for**

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Company Name Name of Parent Company (if Applicable)	AQVITAL SOLUTIONS	Name of Parent Company (if Applicable)	Cohesive Solutions	Name of Parent Company (if Applicable)	SEO NEXUS JECHNOLOGIES	Name of Parent Company (if Applicable)	FIZIDS GONSULTIMA SERVICES COMPANY Name	Name of Parent Company (if Applicable)	TRM Company Name	COMPANY NAME
Attendee's Name, Regional Salos Districtory	B	Rusident «CEO	Grande Lowe	SALES DIRECTOR	Attendee's Name	President	Attendee's Name	()158とすって	Bruce De Silva Attendee's Name	NAME OF PERSON ATTENDING
Telephone Number: (562) 598-766 FAX: (564) 724-6055 E-Mail Address: & March (1) @ 33/11/345 50/11/345 (0)	Mailing Address: 300 (alaniu) (1-710 PKLY #100	Telephone Number: (170) 883-869 PAX: () E-Mail Address: 9 Coury (& Cohes, & Soltions, Com	Mailing Address: 30125 Town Mark Dr 57240 City: Kennesaw State: 4 zip: 30152	Telephone Number: (315) 851-1181 FAX: () E-Mail Address: Tim、DEC & & EU-N をxus CoM	Mailing Address: 8810 MADELEINE DR. City: BALDWINSVILLE State: NT Zip: 13027	Telephone Number: (855) 235 - SCOZ FAX: (805 701 - 6566 E-Mail Address: Tim (9) FIGUX - CUNSULTIFF - SGA VICES . COM	Mailing Address: 1500 PALMA DIR City: VOITURA State: CA Zip: 93003	E-Mail Address: 1304ce - le Silva Etrunet, com	mailing Address: S10 KingST, Ste 200 City: Alexandris state: VA zip: 22314	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
CIT	KEITH CLARK	ng Address: 8000 MJ=51 A
Company Name	Attendee's Name	Telephone Number: (256) 527: 0817 FAX: ()
Name of Parent Company (if Applicable)	Title	E-Mail Address: KCLARK & GOCFT, CON
CFI	Chais Lun	WEST NINE H
Company Name	Attendee's Name	Telephone Number: (15) 656-658 FAX: ()
Name of Parent Company (if Applicable)	Title	E-Mail Address: Christophy, Lyon @ Sixti Com
213	AL LAYTON	anddress: 18000 M. 9 %
Company Name	Attendee's Name	Telephone Number: (7/4) 374-9057 FAX: ()
Name of Parent Company (if Applicable)	Title	E-Mail Address: ALA YTON & DOCKICOV
TBM	Jun Chen	
Company Name	e's Name	City: City: CA Zip: 700 Telephone Number: (3(0) 542 4230 FAX: ()
Name of Parent Company (if Applicable)	Title	E-Mail Address: Chenja US, jom. Com
EVILIDES TE (HNULOSTIES	ERIN LAN BERTH Attendee's Name	Mailing Address: 222 THIRD ST SUITE HILL City: (AMERIDIAE State: MR Zip: 02147
Name of Parent Company (if Applicable)	PROJECT MANNACHERZ	Telephone Number: (617)714 - 48 40 FAX: (37) E-Mail Address: ECIN (CEUCLIDES TECH . (37)
Name of nate in Company (in Applicable)		

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Please print clearly and leave your business card.

E-Mail Address: Jed. dickers () Us. 16m. (or	AR G BS Title	Name of Parent Company (if Applicable)
Mailing Address: Mahing 1 to in City: Wahing 1 to in	Attendee's Name	Company Name
Telephone Number: (358) 7771655 FAX: () E-Mail Address: Jeffry, Yofsky & 5xtechnology 4: 60m	CEO Title	Name of Parent Company(if Applicable)
Mailing Address: 4565 Kuffrey St. City: Son Note State: CH Zip: 72/11	Seffrey lofst-ey Attendee's Name	Interloc Spolutions
E-Mail Address: Pth refer @ 11to 60 14t (315-com	Chent Acrelopment My	Name of Parent Company (if Applicable)
Mailing Address: \$ 340 Palladio PK27 Sta 526 City: Folsom State: CA zip: 55630	Attendee's Name	Interloc Solutions
Telephone Number: (103) 575 (1869 FAX: () E-Mail Address: CINTIA RUNHA @GMAIL COM	Di RECTOR	Name of Parent Company (if Applicable)
Mailing Address: 350 S GRAND AVE City: LOS ANGELES State: CA zp: 91034	CINTIA RUNHA Attendee's Name	Company Name
Telephone Number: (ガ お) ら 11 - ちゅ キャン()	PROBRAM Manager	Name of Parent Company (if Applicable)
Mailing Address: Promeet, Joseph B datasplier City: LOS Angeles state: CA Zip: 91423	PRANCET JASAM	DataSplice Company Name
MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS	NAME OF PERSON ATTENDING	COMPANY NAME
and the second s		

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Please print clearly and leave your business card.

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & C-MAIL AUDALGO
LADDW	MIKE ROPEA	Address:
Company Name	Attendee's Name ANAPIA TOUR	Telephone Number: (626) 32 -3343 FAX: ()
· · · · · · · · · · · · · · · · · · ·	Title	E-Wail Address:
Natite of Farent Combant (in Abbustance)		Mailing Address:
Company Name	Attendee's Name	City: State: Zip:
	Civil Engineer	none Number:
Name of Parent Company (if Applicable)	ine C	
Company Name	Attendee's Name	City:
		Telephone Number: () FAX: ()
Name of Parent Company (if Applicable)	Inte	E-Mail Addiess.
		g Address:
Company Name	Attendee's Name	City:
		Telephone Number: () FAX: ()
Name of Parent Company (if Applicable)	Title	E-Mail Address:
		g Address:
Company Name	Attendee's Name	Telephone Number: () FAX: ()
Name of Parent Company (if Applicable)	Title	E-Mail Address: