

**PROPOSERS' CONFERENCE**  
**AS-NEEDED FLAGGING SERVICES (2012-AN003)**  
**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS**  
**(MONDAY, APRIL 2, 2012), AT 9:00 A.M., CONFERENCE ROOM B**

Please print clearly and leave your business card.

Page 1 of 3

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
INFINITY PROTECTION SERVICES, INC. Company Name  Name of Parent Company (if Applicable)	RON TAYLOR Attendee's Name PRESIDENT Title	Mailing Address: 408 N. CAMDEN DR, #200 City: BEVERLY HILLS State: CA Zip: 90210 Telephone Number: (310) 860-7782 FX: (310) 860-7700 E-Mail Address: RONEAD@YAHOO.COM
COASTAL TRAFFIC SYSTEMS Company Name NICK MEN Name of Parent Company (if Applicable)	Attendee's Name  Title	Mailing Address: 2602 S Halladay St. City: SANTA ANA State: CA Zip: 92705 Telephone Number: (666) 641-3744 FX: (714) 641-3739 E-Mail Address: NICK@coastaltraffic.com
Coastal Traffic Systems Company Name <del>Coastal Traffic Systems</del> Name of Parent Company (if Applicable)	Jeff Hebert Attendee's Name  Title	Mailing Address: 2602 S Halladay St City: Santa Ana State: CA Zip: 92705 Telephone Number: (714) 641-3744 FX: ( ) E-Mail Address: Jeff@coastaltraffic.com
Myers & Sons Highway Safety Company Name  Name of Parent Company (if Applicable)	Mike Rodgers Attendee's Name  Title	Mailing Address: 13310 5th St City: Chino State: CA Zip: 91710 Telephone Number: 800-228-1201 FX: 909-364-2371 E-Mail Address: mike@hiway.safety.com
PACIFIC TRAFFIC CONTROL Company Name  Name of Parent Company (if Applicable)	Joe Velasco Jr Attendee's Name VP operations Title	Mailing Address: 1481 E. 4TH ST City: Los Angeles State: CA Zip: 90033 Telephone Number: (323) 981-0600 FX: (323) 981-0779 E-Mail Address: Joe@pacifictc.com

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<u>E-nor Innovation</u> <small>Company Name</small>  <small>Name of Parent Company (if Applicable)</small>	<u>Kenny Jones</u> <small>Attendee's Name</small>  <u>V.P.</u> <small>Title</small>	Mailing Address: <u>1950 E 220<sup>th</sup> St Suite 100</u> City: <u>Long Beach</u> State: <u>CA</u> Zip: <u>90810</u> Telephone Number: <u>(310) 513-6209</u> FAX: <u>(310) 513-6259</u> E-Mail Address: <u>kenny@enor-traffic.com</u>
<u>BC Traffic Specialist</u> <small>Company Name</small>  <small>Name of Parent Company (if Applicable)</small>	<u>Jensen Carson</u> <small>Attendee's Name</small>  <u>GM</u> <small>Title</small>	Mailing Address: <u>638 W Southern Ave</u> City: <u>Orange</u> State: <u>CA</u> Zip: <u>92665</u> Telephone Number: <u>(714) 974-1190</u> FAX: <u>(714) 974-1753</u> E-Mail Address: <u>jensen@bctrffic.com</u>
<u>STATEWIDE SAFETY</u> <small>Company Name</small>  <u>TCSC</u> <small>Name of Parent Company (if Applicable)</small>	<u>MICHAEL STIEGMANN</u> <small>Attendee's Name</small>  <u>TRAFFIC PLAN MANAGER</u> <small>Title</small>	Mailing Address: <u>13261 GARDEN GROVE BL</u> City: <u>GARDEN GROVE</u> State: <u>CA</u> Zip: <u>92840</u> Telephone Number: <u>(714) 468-1919</u> FAX: <u>(888) 503-8539</u> E-Mail Address: <u>RGEORGES@STATEWIDESAFETY.COM</u>
 <small>Company Name</small>  <small>Name of Parent Company (if Applicable)</small>	 <small>Attendee's Name</small>   <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: ( ) FAX: ( ) E-Mail Address: _____
 <small>Company Name</small>  <small>Name of Parent Company (if Applicable)</small>	 <small>Attendee's Name</small>   <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: ( ) FAX: ( ) E-Mail Address: _____

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<u>Pacific Traffic Control</u> <small>Company Name</small>  <small>Name of Parent Company (if Applicable)</small>	<u>Eric Nichols</u> <small>Attendee's Name</small>  <u>President</u> <small>Title</small>	Mailing Address: <u>1481 E 4th St.</u> City: <u>Los Angeles</u> State: <u>CA</u> Zip: <u>90033</u> Telephone Number: <u>323 981-0600</u> FAX: <u>323 981-0779</u> E-Mail Address: <u>Permitting @ AOL.COM</u>
<u>Traffic Management</u> <small>Company Name</small>  <small>Name of Parent Company (if Applicable)</small>	<u>Mario DeAlba</u> <small>Attendee's Name</small>  <u>Estimating Manager</u> <small>Title</small>	Mailing Address: <u>2435 Lemon Ave.</u> City: <u>Signal Hill</u> State: <u>CA</u> Zip: <u>90755</u> Telephone Number: <u>(562) 239 8228</u> FAX: <u>(562) 424 0266</u> E-Mail Address: <u>mdealba@Trafficmanagement.com</u>
 <small>Company Name</small>  <small>Name of Parent Company (if Applicable)</small>	 <small>Attendee's Name</small>  <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: ( ) FAX: ( ) E-Mail Address: _____
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