## LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS **PROPOSERS' CONFERENCE FOR**

**ATHENS AND LENNOX SHUTTLE SERVICES (2014-PA014)** 

AVOCADO HEIGHTS, BASSETT, WEST VALINDA, AND EAST VALINDA SHUTTLE SERVICES (2014-PA015) FLORENCE-FIRESTONE/WALNUT PARK AND BALDWIN HILLS SHUTTLE SERVICES (2014-PA016) TUESDAY MARCH 18, 2014 AT 2:00 P.M. AT PUBLIC WORKS HQ, THE ALHAMBRA ROOM

Please print clearly and leave your business card.	usiness card.	Page $\int$ of $\lesssim$
COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
M Transportation	Storen Allan	Address: 7209 Russer 4
Compa	dee	City: 14/2 mount State: (1) zip: 90723  Telephone Number: (714) 719-1749 FAX: (322) 257-5930
Name of Parent Company (if Applicable)	Title	E-Mail Address: Stephen. Allan Emygransit. Com
	7)	Mailing Address: 15545 Simpsion Ave Agt 41
Company Name	Attendee's Name	Tolly wear
Name of Darset Company (if Applicable)	Operations Monager	Telephone Number: (8/8) S68-0/85 FAX: ( )
	X Fan Constitution	Mailing Address: \$\frac{8}{1000} \landscape \sqrt{1}
Company Name	Attendee's Name	City: Transfer State: Un zip: 9010 &
		Telephone Number: (562 ) 521-2676 FAX: (372) 521-2223
Name of Parent Company (if Applicable)	Title	E-Mail Address: 649 viles & comptours protection 000-
Town Ride Inc	Sam Gukasyan	Address: 1423 E.
Company Name	Attendee's Name	City: 605 MARCIES State: 17 Zip: 5001
Name of Parent Company (if Applicable)	rresiden	'
Attention Javage Stages	Nichella Trancis	Z /
Company Name	2	Telephone Number: 409 1469 - 0800 FAX: (109) 469080 T
Name of Parent Company (if Applicable)	Regional PARCETOR JUVETTONS	E-Mail Address: Norancy & Silverado Stages. Com

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	Company Name  Attendee's Name  Name of Parent Company (if Applicable)	Company Name  Attendee's Name  Name of Parent Company (if Applicable)	Company Name  Haleenah Harderson  Name of Parent Company (if Applicable)  Haleenah Harderson  Attendee's Name  Attendee's Name  Attendee's Name  Attendee's Name	Name of Parent Company (if Applicable)  Name of Parent Company (if Applicable)  Name of Parent Company (if Applicable)	COMPANY NAME  NAME OF PERSON ATTENDING
Mailing Address: State: Zip: Telephone Number: ( ) FAX: ( )	Mailing Address:  City:  State:  Telephone Number: ( ) FAX: ( )  E-Mail Address:	Mailing Address:  City: State: Zip: FAX: ( )  E-Mail Address:	Mailing Address: 10950 S. Central Ave  City: LA State: Zip: 90059  Telephone Number: (323, 357-3534 FAX: (323, 923, 1474)  E-Mail Address: hhenderson@wlcAc.org	Mailing Address: 3355 F. Co. State: L. Zip: 90355  Telephone Number: (323) 562 - 6090 FAX: ()  E-Mail Address: IMMALA 14 & Lightmail. Com	Page 2 of 3  ATTENDING MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS

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		2,3
COMPANY NAME OF F	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
TRANSBRTATION CONCEPTS	Brett Baum	JAddress: 12 MAUCHER BUID
Company Name	Attendee's Name	:(3/2 )802-7636 FAX:(
Name of Parent Company (if Applicable)	Title Tribe	E-Mail Address: [ [ Coge ( ) & Eransperention - Concepts . Com
7000	man april	Mailing Address: 10950 S Contract
Company Name		Telephone Number: $(32)$ $(32)$ $(32)$ $(32)$ $(32)$ FAX: $(32)$ $(32)$ $(32)$
Name of Parent Company (if Applicable)	Title	E-Mail Address: fuby white & ymull Cor
Company Name	Attendee's Name	Mailing Address: 3650/Rockwell Ave.  City: 11/2.4e State: CA Zip: 91731
	V17/100	Telephone Number: (6 16 ) & 8 7-13/0 FAX: (6,26) 88-1329
		g Address:
Company Name	Attendee's Name	City: State: Zip:
Name of Parent Company (if Applicable)	Title	E-Mail Address:
LACOUNT ISD	Rened CARR	Mailing Address:
Coynpany Name	Attendee's Name	City:       State:       Zip:
Name of Parent Company (if Applicable)	CADI Y COMPILANCE OTI-	E-Mail Address: