

PROPOSERS' CONFERENCE
HEATING, VENTILATION, AIR-CONDITIONING, AND WATER TREATMENT
MAINTENANCE SERVICES AT PUBLIC WORKS HEADQUARTERS (2018-AN029)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
WEDNESDAY, SEPTEMBER 5, 2018, AT 2 P.M., CONFERENCE ROOM D

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
<u>ALCO ENGINEER SYSTEMS</u> Company Name	<u>Brianon Ellis</u> Attendee's Name	Mailing Address: <u>6446 E. WASHINGTON BLVD</u> City: <u>COMMERCIAL</u> State: <u>CA</u> Zip: <u>90040</u> Telephone Number: <u>(323) 681-9927</u> FAX: <u>(323) 201 3674</u> E-Mail Address: <u>bellis@alcoengineers.com</u>
<u>ALCO ENGINEER SYSTEMS</u> Company Name	<u>Joey Guy</u> Attendee's Name	Mailing Address: <u>2201 Park Place</u> City: <u>El Segundo</u> State: <u>CA</u> Zip: <u>90245</u> Telephone Number: <u>(310) 341 8233</u> FAX: () E-Mail Address: <u>jguy@alcoengineers.com</u>
<u>Control Air Conditioning</u> Company Name	<u>Charlie Pescarub</u> Attendee's Name	Mailing Address: <u>5200 E La Palma Ave.</u> City: <u>Anaheim</u> State: <u>CA</u> Zip: <u>92807</u> Telephone Number: <u>(714) 785-6712</u> FAX: () E-Mail Address: <u>cpescarub@controlac.com</u>
<u>WESTERN MECHANICAL</u> Company Name	<u>Joey Tobin</u> Attendee's Name	Mailing Address: <u>26382 BUELLER AVE</u> City: <u>SANTA CLAYTON</u> State: <u>CA</u> Zip: <u>91350</u> Telephone Number: <u>(661) 251 0111</u> FAX: <u>(661) 251 0112</u> E-Mail Address: <u>Elavint@westmechinc.com</u>
<u>western mechanical inc</u> Company Name	<u>Edgar Lavat</u> Attendee's Name	Mailing Address: <u>Santa Ana</u> City: <u>Santa Ana</u> State: <u>CA</u> Zip: <u>92701</u> Telephone Number: () FAX: () E-Mail Address: ()
<u>western mechanical inc</u> Company Name	<u>Joey Tobin</u> Attendee's Name	Mailing Address: <u>26382 BUELLER AVE</u> City: <u>SANTA CLAYTON</u> State: <u>CA</u> Zip: <u>91350</u> Telephone Number: <u>(661) 251 0111</u> FAX: <u>(661) 251 0112</u> E-Mail Address: <u>Elavint@westmechinc.com</u>

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<u>F.M. Thomas Air Conditioning</u> Company Name	<u>Michael Feyta</u> Attendee's Name <u>Estimote</u> Title	Mailing Address: <u>231 Gemini Ave</u> City: <u>Brea</u> State: <u>CA</u> Zip: <u>92821</u> Telephone Number: <u>(714) 738-1062</u> FAX: <u>(714) 738-0886</u> E-Mail Address: <u>m-feyta@estimates.com</u>
<u>Encor</u> Company Name	<u>DAN SAEZ</u> Attendee's Name <u>SUPERVISOR</u> Title	Mailing Address: <u>2 CROWNELL</u> City: <u>IRVINE</u> State: <u>CA</u> Zip: _____ Telephone Number: <u>(949) 254-7079</u> FAX: () E-Mail Address: <u>dsaez@encor.net</u>
<u>HESA ENERGY SYSTEMS</u> Company Name <u>ENCOR</u> Name of Parent Company (if Applicable)	<u>GONZALO MACIAS</u> Attendee's Name <u>ACCOUNT MANAGER</u> Title	Mailing Address: <u>801 LAWRENCE DR</u> City: <u>THOUSAND OAKS</u> State: <u>CA</u> Zip: <u>91320</u> Telephone Number: <u>(805) 791-6296</u> FAX: () E-Mail Address: <u>GONZALO-MACIAS@ENCOR.NET</u>
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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Page 3 of 3

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Priority Energy Air-Itc</u> Company Name Name of Parent Company (if Applicable)	<u>Kerry Nares</u> Attendee's Name <u>President</u> Title	Mailing Address: <u>1108 S. Avalon Blvd</u> City: <u>Los Angeles</u> State: <u>CA</u> Zip: <u>90061</u> Telephone Number: <u>(424) 232-8374</u> FAX: <u>(424) 232-8359</u> E-Mail Address: <u>Henry@PriorityAir-ITC.com</u>
<u>Aqua-Tera</u> Company Name Name of Parent Company (if Applicable)	<u>Bill Keller</u> Attendee's Name <u>President/CEO</u> Title	Mailing Address: <u>820 Turpin Ave # 17</u> City: <u>Culver City</u> State: <u>CA</u> Zip: <u>91201</u> Telephone Number: <u>(818) 359-1513</u> FAX: () E-Mail Address: <u>bkeller@aquateraterra.com</u>
<u>South Coast Mechanical</u> Company Name Name of Parent Company (if Applicable)	<u>Brett Schenk</u> Attendee's Name <u>Account Executive</u> Title	Mailing Address: <u>2283 Via Buena</u> City: <u>Arden</u> State: <u>CA</u> Zip: <u>92806</u> Telephone Number: <u>(714) 738-6644</u> FAX: <u>(714) 782-9641</u> E-Mail Address: <u>B.Schenk@SouthCoastMech.com</u>
<u>Sut Energy Solution</u> Company Name Name of Parent Company (if Applicable)	<u>Justin Toombs</u> Attendee's Name <u>Sales Manager</u> Title	Mailing Address: <u>41856 Ivy St. STE 201</u> City: <u>Murietta</u> State: <u>CA</u> Zip: <u>92562</u> Telephone Number: <u>(951) 696-7889</u> FAX: () E-Mail Address: <u>Jtoombs@swienergy.com</u>
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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<u>Western Mechanical</u> Company Name Name of Parent Company (if Applicable) 	<u>Edie Lovett</u> Attendee's Name Title 	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>Western Mechanical</u> Company Name Name of Parent Company (if Applicable) 	<u>Joe Tapan</u> Attendee's Name Title 	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>South Coast Mechanical</u> Company Name Name of Parent Company (if Applicable) 	<u>Brett Schwartz</u> Attendee's Name Title 	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>Aqua-Trees</u> Company Name Name of Parent Company (if Applicable) 	<u>Bill Keller</u> Attendee's Name Title 	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>SWT Energy Solutions</u> Company Name Name of Parent Company (if Applicable) 	<u>Justin Towns</u> Attendee's Name Title 	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____

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<u>Priority Ventilation Inc</u> Company Name	<u>Henry Nobilis</u> Attendee's Name <u>President</u> Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>Acco Environmental Systems</u> Company Name	<u>Jacob Guy</u> Attendee's Name <u>RM</u> Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>F.M. Thomas</u> Company Name	<u>Michael Feyke</u> Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>Control Air Conditioning</u> Company Name	<u>Charlie Rescarno</u> Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>Acco E.S.</u> Company Name	<u>Brianne Ellis</u> Attendee's Name <u>PE</u> Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____

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ENCOR MESA ENERGY Company Name	DAN SAEY Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
ENCOR - MESA ENERGY ENCOR SERVICES Company Name	GONZALO MACIAS Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
ENCOR - MESA ENERGY Company Name	ACCOUNT MANAGER Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
ENCOR - MESA ENERGY Company Name	Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
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