## THURSDAY, MAY 11, 2017 AT 3:00P.M., SCR LOS ANGELES COUNTY DEPARTMENT OF **SCRUBBER CONVERSION SERVICES** WALK-THROUGH

Please print clearly and leave your business card.

	UBBER LOCATION	PUBLIC WORKS	(2017-AN010)
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E-Mail Address:	Title	Name of Parent Company (if Applicable)
Mailing Address:  City: State: Zip: Telephone Number: ( ) FAX: ( )	Attendee's Name	Company Lame
Mailing Address:  City:  Telephone Number: (bb)   4 6 0 - 806 (FAX: ( )  E-Mail Address:	Electro-Mechanic Working Surprisor	Name of Parent Company (if Applicable)
Mailing Address: //  City:	Kingston Legan Attendee's Name (	Company Lame  Name of Parent Company (If Applicable)
Mailing Address 1335 Danielson sk-t, #204  City: Poway State: CA zip: 92064  Telephone Number: (760) 401-0584 FAX (858) 486-1659  E-Mail Address: Yoop @ intemity ms.net	Roop C. JAIN Attendee's Name  CEO/ PRESIDENT Title	In Fern't h Uhi'a ba Suker
Mailing Address: 1162 £, Dominguez Street City: Crson State: CA Zip: 90746 Telephone Number: (310) 667-4390 FAX: (310) 667-4395 E-Mail Address: Asperber Celusinc, org	Attendee's Name	Environmental Weter Solution  Pare Air Filtestion  Company Name  McKenne Engargering  Name of Parent Company (if Applicable)
MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS	NAME OF PERSON ATTENDING	COMPANY NAME

## THURSDAY, MAY 11, 2017 AT 3:00P.M., SCRUBBER LOCATION LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS **SCRUBBER CONVERSION SERVICES (2017-AN010)** WALK-THROUGH

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
DE NORA Company Lame	Attendee's Name	Mailing Address: 3000 おひけんで LAVE City: Com AP State: PA Zip: Telephone Number: (408) 334-1545 FAX: ( )
Name of Parent Company (if Applicable)	Title	E-Mail Address: em, le-musalla pede, nora con
MISC LOTER Company Name	Attendee's Name	Mailing Address: 22/0/ 2 State: C Zip: 926/0  Telephone Number: (1 2/3/3/37 FAX: ( )
Name of Parent Company (if Applicable)	Title	E-Mail Address: (mccampbell () Muscawatel (2017)  Mailing Address:
Company Fame	Attendee's Name	City:       State: Zip:         Telephone Number: ( ) FAX: ( )
Name of Parent Company (if Applicable)	Title	E-Mail Address:  Mailing Address:
Company Lame	Attendee's Name	City:         State:         Zip:           Telephone Number: ()         FAX: ()
Name of Parent Company (if Applicable)	Title	E-Mail Address:  Mailing Address:
Company? ame	Attendee's Name	City:         State:         Zip:           Telephone Number:         FAX:         )
Name of Parent Company (if Applicable)	Title	E-Mail Address: