INSURANCE PROCESSING ADMINISTRATIVE ASSISTANCE FOR THE WOOLSEY FIRE DISASTER PROPOSERS' CONFERENCE

DEBRIS REMOVAL PROGRAM (BRC0000077) LOS ANGELES COUNTY PUBLIC WORKS

THURSDAY, MARCH 7, 2019, AT 2:00 P.M., CONFERENCE ROOM D

Please print clearly and leave your business card.

| COMPANY NAME | NAME OF PERSON ATTENDING | MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS |
|--|--------------------------|--|
| Company Name | Macard Latrices | Mailing Address: 725 South Fix horizer City: LOS Parieks State: CO zip: 700/7 |
| Name of Parent Company (if Applicable) | Title and | Telephone Number: (20), 255.50% FAX: () |
| | | Mailing Address: |
| Company Name | Attendee's Name | Str |
| Name of Parent Company (if Applicable) | Title | Telephone Number: () FAX: () E-Mail Address: |
| | | Mailing Address: |
| Company Name | Attendee's Napre | City: State: Zip: Telephone Number: FAX: |
| Name of Parent Company (if Applicable) | Title | E-Mail Address: |
| | | Mailing Address: |
| Company Name | Attendee's Name | City: Zip: Telephone Number: FAX: |
| Name of Parent Company (if Applicable) | Title / | E-Mail Address: |
| Company Name | Attendee's Name | Mailing Address: |
| | | Telephone Number: () FAX: () |
| Name of Parent Company (if Applicable) | THIE . | E-Mail Address: |