PROPOSERS' CONFERENCE
CHANNEL RIGHT OF WAY CLEARING SERVICES-WEST AREA (2010-AN011)
CHANNEL RIGHT OF WAY CLEARING SERVICES-SOUTH AREA (2010-AN012)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
MONDAY, APRIL 22, 2010, AT 9 A.M., WALK-THROUGH

Please print clearly and leave your business card.

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
UNITED PACIFIC SERVICES Company Name NONE Name of Parent Company (if Applicable)	GUS K. FRANKLIN Attendee's Name President Title	Mailing Address: 120 E. La Habra Blvd., Suite 107 City: La Habra State: CA Zip: 90631 Telephone Number: 562 691-4600 x225 FAX: 562 691-8839 E-Mail Address: gus (at) unitedpsc.com
SO CAL TREE CARE, INC Company Name Name of Parent Company (if Applicable)	Vicente Cortez Attendee's Name Area Manager Title	Mailing Address: P.O. Box 2424 City: Vista State: CA Zip: 92085 Telephone Number: (760) 940-1623 FAX: (760) 940-1616 E-Mail Address: info@socaltreecare.com
Treesmith Enterprises Company Name Name of Parent Company (if Applicable)	TERRY HUNTER Attendee's Name Arborist / Sales Title	Mailing Address: 1551 N. MILLER City: Anaheim State: CA Zip: 92806 Telephone Number: 714 996 6057 FAX: 714 996 6657 E-Mail Address: info@treesmith.net
OTERO LANDSCAPE + NURSERY Company Name Name of Parent Company (if Applicable)	Attendee's Name JUAN OTERO Title	Mailing Address: 6206 BURWOOD AVE L.A. City: L. A. State: CA Zip: 90042 Telephone Number: (818) 679-6980 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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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Jimmies Tree Service Company Name ~~[illegible] Inc~~ Name of Parent Company (if Applicable)	Joe Vaiphen Attendee's Name ~~Basilio Martinez~~ Title	Mailing Address: 6873 Olive Ave City: Long Beach State: CA Zip: 90805 Telephone Number: (562) 423-6202 FAX: (562) 423-8537 E-Mail Address: JIMMIESTREESERV@yahoo.com
T.L.C. Trimming and Grading Inc Company Name Name of Parent Company (if Applicable)	Basilio Martinez Attendee's Name Title	Mailing Address: 10513 Dolores Ave City: South Gate State: Ca Zip: 900280 Telephone Number: (323) 569 4498 FAX: (323) 5693747 E-Mail Address: Basil.a@Trimming Land Corp.
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:
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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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
APPLE SERVICES, INC. Company Name Name of Parent Company (if Applicable)	LEONARD APPLE Attendee's Name C.E.O. Title	Mailing Address: P.O. Box 354 City: NORWALK State: CA Zip: 90651-0354 Telephone Number: (562) 868-1755 FAX: (562) 864-2929 E-Mail Address: APPLESTRACTOR[redacted]@MSN.COM
CALIFORNIA ARBOR CARE Company Name Name of Parent Company (if Applicable)	BRAD KAISER Attendee's Name SALES Title	Mailing Address: CHINO CA City: 3812 FRANCIS State: CA Zip: 91710 Telephone Number: (909) 590-4100 FAX: ( ) E-Mail Address:
TRAVERS TREE SERVICE INC. Company Name Name of Parent Company (if Applicable)	DON LORENZEN Attendee's Name V.P. Title	Mailing Address: PMB 7000-416 City: PALOS VERDES PENINSULA State: CA. Zip: 90274 Telephone Number: (310) 530-3920 FAX: (310) 534-3020 E-Mail Address: traverstreeservice@sbcglobal.Net
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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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
OAKRIDGE LANDSCAPE Company Name Name of Parent Company (if Applicable)	EDWIN VARGAS Attendee's Name Title	Mailing Address: 8618 HASKELL AVE City: NORTH HILLS State: CA Zip: 91343 Telephone Number: (818) 974-0868 FAX: ( ) E-Mail Address:
OAKRIDGE LANDSCAPE Company Name Name of Parent Company (if Applicable)	FERNANDO RAMOS Attendee's Name SUPERINT. Title	Mailing Address: 8618 HASKELL AVE City: NORTH HILLS State: CA Zip: 91343 Telephone Number: (818) 652-4103 FAX: ( ) E-Mail Address:
TREE PROS INC. Company Name Name of Parent Company (if Applicable)	MALCOLM SMITH Attendee's Name BUISNESS DEVELOPER Title	Mailing Address: MALCOLM@TREEPROS.COM P.O. BOX 1066 City: CHINO State: CA. Zip: 91708 Telephone Number: (909) 548-0033 FAX: (909) 606-2107 E-Mail Address: MALCOLM@TREEPROS.COM
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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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
S.C. Yamamoto, Inc. Company Name Name of Parent Company (if Applicable)	Alfredo Chanocua Attendee's Name Title	Mailing Address: 2031 Emery Ave City: La Habra State: CA Zip: 90631 Telephone Number: (714) 992-5783 FAX: (562) 690-1540 E-Mail Address: achanocua@scyamamoto.com
Orozco Landscape + Tree Co. Company Name Name of Parent Company (if Applicable)	Carlos Orozco Attendee's Name Title	Mailing Address: 1419 East End Ave City: Pomona State: CA Zip: 91766 Telephone Number: 909) 6238287 FAX: 909) 4690637 E-Mail Address: carlos@orozcolandscape.com
TREE ELEMENTS, INC Company Name Name of Parent Company (if Applicable)	NICK MEGALIOS Attendee's Name Title	Mailing Address: 22605 E CA PALMA AVE #50, City: YORBA LINDA State: CA Zip: 92887 Telephone Number: (714) 694-1916 FAX: (714) 694-1981 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:
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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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
SINGH GROUP INC Company Name Name of Parent Company (if Applicable)	ASHER SINGH Attendee's Name Title	Mailing Address: 602 GARRISON ST # 104 City: OCEANSIDE State: CA Zip: 92054 Telephone Number: (760) 450-0534 FAX: (760) 967-1399 E-Mail Address: ASHER@SINGHGROUPINC.COM
Natures Image, Inc. Company Name Name of Parent Company (if Applicable)	Dan Slinger Attendee's Name Estimator Title	Mailing Address: 20472 Crescent Bay Dr. Suite 102 City: Lake Forest State: CA Zip: 92630 Telephone Number: (949) 705-5800 FAX: (949) 705-5850 E-Mail Address: dslinger@naturesimage.net
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:
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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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Toyo Landscape Company Name Name of Parent Company (if Applicable)	M. Ohsaka Attendee's Name Sec. Title	Mailing Address: 764 N Cypress City: Orange State: CA Zip: 92788 Telephone Number: (714) 633-5033 FAX: (714) 633-5033 E-Mail Address: Toyo Landscape @ AOL.
Mariposa Landscapes, Inc. Company Name Name of Parent Company (if Applicable)	Joel Lundberg Attendee's Name Title	Mailing Address: 15529 Arrow Hwy City: Irwindale State: CA Zip: 91706 Telephone Number: (626) 960-0196 x329 FAX: (626) 960-8477 E-Mail Address: dennis@mariposa-ca.com
GS Brothers Inc Gandenti & Sons Corp Company Name Name of Parent Company (if Applicable)	Krishie Arehart Attendee's Name GM Title	Mailing Address: 2215 N Gaffey St City: San Pedro State: CA Zip: 90731 Telephone Number: (310) 833-1369 FAX: (310) 833-1431 E-Mail Address: Krisjjs @ Yahoo.com
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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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Earthwise Arborists Company Name Name of Parent Company (if Applicable)	Scott G. Rogers Attendee's Name fied Operations Manager Title	Mailing Address: 711 S. Fee Ana street City: Placentia State: Ca Zip: 92870 Telephone Number: (714) 986-2400 FAX: (714) 986-2408 E-Mail Address: Scott@earthwisearborists.net
America west Landscape, Inc Company Name Name of Parent Company (if Applicable)	Michael Barbesca Attendee's Name estimator Title	Mailing Address: 15086 La Pulva Dr City: chino State: CA Zip: 91710 Telephone Number: (909) 393-6300 FAX: (909) 393-6863 E-Mail Address: Michael@awlinc.net
Midori Gardens Company Name Name of Parent Company (if Applicable)	Mario Ruiz Attendee's Name Title	Mailing Address: 3231 S. Main St. City: Santa ana State: CA Zip: 92707 Telephone Number: 714) 751 8792 FAX: (714) 751 4992 E-Mail Address: Midori Scape @ SBC Global Net
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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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
West Coast Arborist Company Name Name of Parent Company (if Applicable)	Jose Perez Attendee's Name Title	Mailing Address: 200 Via Burton City: Anaheim State: CA Zip: 92806 Telephone Number: (714) 991-1900 FAX: (714) 956-3745 E-Mail Address: mperez@wcainc.com
United Pacific Services Company Name Name of Parent Company (if Applicable)	Leo Ramirez Attendee's Name Title	Mailing Address: 120 E. La Habra Blvd. Suite 107 City: La Habra State: CA Zip: 90631 Telephone Number: (562) 691-4600 FAX: (562) 691-8839 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:
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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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Venco Western Inc Company Name Name of Parent Company (if Applicable)	Mario DelNagro Attendee's Name General Manager Title	Mailing Address: 2400 Eastman Ave City: Oxnard State: Ca. Zip: 93030 Telephone Number: (805) 981 2400 FAX: (805) 981 2450 E-Mail Address: MdelNagro@VencoWestern.Com
Salinas Landscaping Company Name Name of Parent Company (if Applicable)	Juan Carlos Salinas Attendee's Name Vice President Title	Mailing Address: 2001 Preuss Rd City: Los Angeles State: CA Zip: 90034 Telephone Number: (310) 204-1730 FAX: (310) 837-1093 E-Mail Address: SalinasLandscape@CA-cc.Com
Far East landscape Company Name Name of Parent Company (if Applicable)	TONY MOON Attendee's Name president Title	Mailing Address: po Box 950351 City: Mission Hills State: Ca Zip: 91395 Telephone Number: (661) 297 0918 FAX: (661) 297-6282 E-Mail Address: faveastmoon1@yahoo.com
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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OC SAND BAGGER Company Name SAND WOOD ENT INC Name of Parent Company (if Applicable)	JASON VO Attendee's Name V.P. Title	Mailing Address: 2424 N BATAVIA ST City: ORANGE State: CA Zip: 92865 Telephone Number: (714) 637-2000 FAX: (714) 637-5378 E-Mail Address: JASON@OCSANDBAGGER.COM
Certified Tree Care Company Name Leonard Chaidez Inc. Name of Parent Company (if Applicable)	Joe Navarro Attendee's Name Supervisor Title	Mailing Address: 2298 N. Batavia St City: Orange State: CA Zip: 92865 Telephone Number: (714) 279-8119 FAX: (714) 279-8133 E-Mail Address: lchaidez@earthlink.net
PAN AMERICAN BRUSH CLEARANCE Company Name Name of Parent Company (if Applicable)	GUSTAVO ORCHIVZZO Attendee's Name GENERAL MANAGER Title	Mailing Address: 4570 VAN NUYS BL # 284 City: SHERMAN OAKS State: CA Zip: 91403 Telephone Number: (818) 766 1966 FAX: (818) 766 1682 E-Mail Address: EDDIE @ PANAMERICANBRUSHCLEARANCE.COM
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: