PROPOSERS' CONFERENCE for

LANDSCAPE MAINTENANCE SERVICE FOR WATERWORKS DISTRICTS 36, 37, AND 40 FACILITIES (2013-PA029) Los Angeles County Waterworks District 40, Antelope Valley, 260 East Avenue K-8, Lancaster, California 93535 LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS

Please print clearly and leave your business card.

Page \int of \sum

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Alpha Sixpos, Znc.	Roxald Lang	Mailing Address: 42529 8th Street East
()\(\alpha\) \(\D\) \(\	Attendee's Name	, 940-1670
Name of Parent Company (if Applicable)	C いかく//	2
DPW (I wing Wome Sec.)	(South Shelmand)	Mailing Address:
Company Name	Attendee's	City: State: Zip:
		Telephone Number: (
Name of Parent Company (IT Applicable)	וומס	E Mail Madrooc.
Far East Landic-pe	Jan 1 Mour	Mailing Address: po sox 95635/
	of per then	hone
Name of Parent Company (if Applicable)	Title	E-Mail Address: + 44 CUST MOOM 16 76 - (0-
Puh Meier Landsonias In	Mouse	2 west A
Company Name	Attendee's Name	City: () State: CT Zip: 73-377
Name of Parent Company (if Applicable)	CAMPACTORY THE	E-Mail Address: Pm Land SCAping (2 Caping Con Cont
PMETO CREST	DAUID STEIN	က
Company Name	Attendee's Name	Telephone Number: (878) 988-9696 FAX: (818) 988 4734
Name of Parent Company (if Applicable)	Title	E-Mail Address: DST5WO LONETO CREST, COM

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Los Angeles County Waterworks District 40, Antelope Valley, 260 East Avenue K-8, Lancaster, California 93535

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
- AMERICAN ABON STORE	Attendee's Name	Mailing Address: 7013 OLLEWSMOUGH TUPE City: Campyed Park State: (1) Zip: 9/303
Name of Parent Company (if Applicable)	Directo Marrouger	E-Mail Address: a De resc ame in Cantains case Com
LAWNICAPE SHOTEMS Company Name	Altendee's Name UICE PRESIDENT	Mailing Address: \$2/5 \$7.476 57. City: Montchark State: CA Zip: 41763 Telephone Number: (904) 627-2000 FAX: (199) 627-0032
Name of Parent Company (if Applicable)		E-Mail Address: KICHAKO & KI WILLIAM
FRAM KIATT &C XALISCA Company Name	Attendee's Name	0 S 2
Name of Parent Company (if Applicable)	Title	E-Mail Address: LAATTCOX TEC
Drnc LAWSSCAPZ MANNATINITY Company Name	GUSTALO OCCHIVEED Attendee's Name (USSIDENT	Mailing Address: 250 N. WESTEARE &C #23c City: (UESTEARE V: ULAGE State: CA ZIP: 3//36C Telephone Number: 323, 770 2446 FAX: 323, 927 1795
Name of Parent Company (if Applicable)	Title	
Company Name	Rewee GRER Attendee's Name	Mailing Address: State: Zip:
Name of Parent Company (if Applicable)	Depty Confinece OF	Telephone Number: FAX: () E-Mail Address:
Name of Larent Company (in Approximate)		

WALK-THROUGH for

LANDSCAPE MAINTENANCE SERVICE FOR WATERWORKS DISTRICTS 36, 37, AND 40 FACILITIES (2013-PA029) LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS

Los Angeles County Waterworks District 40, Antelope Valley, 260 East Avenue K-8, Lancaster, California 93535

Page of C

Please print clearly and leave your business card.

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
TRANC "AATTISCE ISCAMO	Attendoe's Name	. d
Name of Parent Company (if Applicable)	Time	Telephone Number: () $GU - FEE$ FAX: () CVz -
For Fast Landsogen	Tony moon	ng Address:
Company Name	Attendee's Name	City: State: Zip: FAX: () FAX: ()
Alpha Coanax XXC	Donald Lang	Mailing Address:
Company Name	Attendee's Name	City: State: Zip:
Name of Parent Company (if Applicable)		Telephone Number: () FAX: () E-Mail Address:
CAWADIN: SYSTEMS	MILITARY WILLS	Mailing Address:
Vame	ಹ∣	City: State: Zip: Telephone Number:) FAX:)
Name of Parent Company (if Applicable)	Title	E-Mail Address:
the same the same same	70 - Telling Core 7	Mailing Address:
ne V	Attendee's Name	City: State: Zip:
Name of Parent Company (if Applicable)	Title promoter.	E-Mail Address:

WALK-THROUGH for

LANDSCAPE MAINTENANCE SERVICE FOR WATERWORKS DISTRICTS 36, 37, AND 40 FACILITIES (2013-PA029) LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
BUC LANDEAPE	GUSTANO OZEHINARO	Address:
Company Name Lich Weiger; Landscape Company (if Applicable)	Attendee's Name C. Cul Cambal, 214	City: State: 4p: FAX: () E-Mail Address:
CONFID CREST	M	Address:State:
Company Name	Attendee's Name	City:
		Address:
Company Name Name of Parent Company (if Applicable)	Attendee's Name	City: State: Zip: Telephone Number: () FAX: () E-Mail Address:
		Mailing Address:
Company Name	Attendee's Name	City: State: Zip:
Name of Parent Company (if Applicable)	Title	E-Mail Address:
Company Name	Attendee's Name	Stat
Name of Parent Company (if Applicable)	Title	E-Mail Address: