

**PROPOSERS' CONFERENCE
LANDSCAPE AND SLOPE MAINTENANCE SERVICES FOR MONTELLANO SLOPE (2010-PA013)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
WALKTHROUGH SIGN IN**

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Page 1 of 3

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Truvision Cameras Company Name	Joe Deaton Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
Far East Landscap Company Name	Tony MDon Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
Landscap Name of Parent Company (if Applicable)	Francisco Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
Landscap Development Company Name	John Cefaratti Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
Name of Parent Company (if Applicable)	Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
United Pacific Services Company Name	Leo Ramirez Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
Name of Parent Company (if Applicable)	Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____

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Page 2 of 3

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Top Landscape Inc.</u> Company Name	<u>D. Ojeda</u> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>Chavez Landscape</u> Company Name	<u>Maciel</u> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>MARC POSEA</u> Company Name	<u>Josh CH</u> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>Supper's Inc.</u> Company Name	<u>Erickie Supper</u> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>Maria Landscape Inc.</u> Company Name	<u>Maria Ashiana</u> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
Name of Parent Company (if Applicable)	<u>B.D.</u> 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>North East Trees</u> Company Name <u>Service Scape</u> Name of Parent Company (if Applicable)	<u>Leah Wilson</u> Attendee's Name <u>Sergio Garcia</u> Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>Service Scape</u> Company Name Name of Parent Company (if Applicable)	<u>Sergio Garcia</u> Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>Hidori Gardens Inc</u> Company Name Name of Parent Company (if Applicable)	<u>Francisco Sanchez</u> Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>Trimming Land</u> Company Name Name of Parent Company (if Applicable)	<u>Rafael Lavin</u> 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: _____