

TRASH-FREE CHANNEL SERVICES - EAST AND WEST AREAS (2012-AN034)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
WEDNESDAY, SEPTEMBER 19, 2012 AT 9:30 A.M.
LONGDEN YARD

Please print clearly and leave your business card.

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Chrysalis</u> Company Name	<u>Sabrina Terzian</u> Attendee's Name <u>Account Manager</u> Title	Mailing Address: <u>522 S. Main St</u> City: <u>Los Angeles</u> State: <u>CA</u> Zip: <u>90013</u> Telephone Number: <u>(213) 806 10348</u> FAX: () E-Mail Address: <u>sabrina.terzian@change-lives.org</u>
<u>DAVIDGE LANDSCAPE</u> Company Name	<u>RECHARD DUNBAR</u> Attendee's Name <u>EC GENERAL MANAGER</u> Title	Mailing Address: <u>28064 ALPINE STREET, UNIT K</u> City: <u>VALERITA</u> State: <u>CA</u> Zip: <u>91355</u> Telephone Number: <u>(661) 285-7886</u> FAX: () E-Mail Address: <u>RECHARD@DAVIDGE-LANDSCAPE.NET</u>
<u>United Pacific Services</u> Company Name	<u>GUS K. FRANKLIN</u> Attendee's Name <u>President</u> Title	Mailing Address: <u>170 E. La Habra Blvd, Ste 107</u> City: <u>La Habra</u> State: <u>CA</u> Zip: <u>90631</u> Telephone Number: <u>(562) 691-4600 x225</u> FAX: <u>(562) 691-8339</u> E-Mail Address: <u>gus@unitedpac.com</u>
<u>Chrysalis</u> Company Name	<u>MOLLY LARSON</u> Attendee's Name <u>Director of Operations</u> Title	Mailing Address: <u>522 S MAIN ST</u> City: <u>Los Angeles</u> State: <u>CA</u> Zip: <u>90013</u> Telephone Number: <u>(213) 806-6340</u> FAX: <u>(213) 768-7683</u> E-Mail Address: <u>molly.larson@change-lives.org</u>
<u>Suretech Inc.</u> Company Name	<u>Alex Rome</u> Attendee's Name <u>Dispatch Supervisor</u> Title	Mailing Address: <u>12375 Mills Ave Unit 7</u> City: <u>Chino</u> State: <u>CA</u> Zip: <u>91710</u> Telephone Number: <u>(661) 537-5538</u> FAX: () E-Mail Address: <u>Dispatch@Suretech.com</u>

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ALLIANCE LANDCON Company Name	Brad Kaiser Attendee's Name	Mailing Address: PO Box 746 City: Chico State: CA Zip: 91708 Telephone Number: 909, 591-3333 FAX: 909, 590-4165 E-Mail Address:
INTERNA RENA SPECIALIST IN Company Name	Richard Luot Attendee's Name	Mailing Address: 9309 Bayview Ave City: SOUTH GATE State: CA Zip: 90206 Telephone Number: (323) 357-6900 FAX: (323) 357-9900 E-Mail Address: richard@isidemo.com
Republic Consolidated Company Name	Kyle Johnson, Edward Antolin, Jim B Attendee's Name	Mailing Address: 12914 Telegraph Rd City: San Jose State: CA Zip: 95120 Telephone Number: (408) 239-8554 FAX: (408) 426-5795 E-Mail Address: ed@calinorepublicservices.com
INTERNATIONAL ENVIRONMENTAL Company Name	Samuel Nava Attendee's Name	Mailing Address: P.O. Box 4218 City: PANAMA CITY State: FL Zip: 91412 Telephone Number: 818, 892-9341 FAX: 818 997-0938 E-Mail Address: snava@iectrees.com
Braughton Construction Company Name	John Braughton Attendee's Name	Mailing Address: 10722 Arrow Rd #210 City: Panama City State: CA Zip: 91730 Telephone Number: 909, 481-0135 FAX: 909 481-0135 E-Mail Address: john@braughtonconstruction.com

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<u>Waste Management</u> Company Name Name of Parent Company (if Applicable)	<u>John Smith</u> Attendee's Name Title	Mailing Address: <u>1234 Main St</u> City: <u>Los Angeles</u> State: <u>CA</u> Zip: <u>90001</u> Telephone Number: <u>(213) 555-1234</u> FAX: <u>(213) 555-5678</u> E-Mail Address: <u>john.smith@waste.com</u>
<u>United Pacific Services</u> Company Name Name of Parent Company (if Applicable)	<u>Leo Ramirez</u> Attendee's Name Title	Mailing Address: <u>1800 E 1st Ave</u> City: <u>LA</u> State: <u>CA</u> Zip: <u>90012</u> Telephone Number: <u>(562) 691-4000</u> FAX: <u>(562) 691-8839</u> E-Mail Address: <u>gus@unitedps.com</u>
<u>All-Pro Enterprises, Inc.</u> Company Name Name of Parent Company (if Applicable)	<u>Dave Tronson</u> Attendee's Name Title	Mailing Address: <u>P.O. Box 3116</u> City: <u>San Dimas</u> State: <u>CA</u> Zip: <u>91773</u> Telephone Number: <u>(909) 592-4747</u> FAX: <u>(909) 592-4456</u> E-Mail Address: <u>dave@all-pro.com</u>
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: _____