

PROPOSERS' CONFERENCE

UST/AST CERTIFICATION (2007-AN072) AND UST/AST MAINTENANCE AND REPAIR (2007-AN073)

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS

WEDNESDAY, DECEMBER 19, 2007, AT 2:00 P.M., CONFERENCE ROOM D

Please print clearly and leave your business card.

Page 1 of 3

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Clean Fuels, Inc Company Name	Glen Fernandez Attendee's Name President Title	Mailing Address: 125 E. Wheeler Ave, Suite F City: Arcadia State: CA Zip: 91006 Telephone Number: (626) 447-7000 FAX: (626) 447-7099 E-Mail Address: gfc@clean-fuels.com
Tank Specialists Company Name	Alex Hernandez Attendee's Name	Mailing Address: 560 Birch St. City: Lake Elsinore State: CA Zip: 92530 Telephone Number: (951) 245-2800 FAX: (951) 245-2886 E-Mail Address: alex@TANK-SPECIALISTS.COM
Caliber-Lia Hazards Company Name	Tamil Hershewe Attendee's Name Compliance Supervisor Title	Mailing Address: 3132 W. Adams St. City: Santa Ana State: CA Zip: 92604 Telephone Number: (714) 434-9995 FAX: (714) 434-9999 E-Mail Address: THERSHEWE@aol.com
SunWest Engineering Company Name	Michael Boers Attendee's Name Central Manager Title	Mailing Address: 2766 Pomona Blvd City: Pomona State: CA Zip: 91768 Telephone Number: (909) 594-9830 FAX: (909) 594-6169 E-Mail Address: MBoers@SunWestEngineering.com
Tafaya & Associates Company Name	Brent Dutton Attendee's Name	Mailing Address: 15471 Red Barn Ct City: Chino Hills State: CA Zip: 91709 Telephone Number: (909) 606-6322 FAX: (909) 606-6384 E-Mail Address: brent@tafaya.com

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>FLAMING ENVIRONMENTAL</u> Company Name _____ Name of Parent Company (if Applicable)	<u>ALAN EVANS</u> Attendee's Name <u>COMPLIANCE DIV. MGR</u> Title	Mailing Address: <u>6130 VALLEY VIEW</u> City: <u>BURBANK</u> State: <u>CA</u> Zip: <u>90620</u> Telephone Number: <u>(714) 228 0935</u> FAX: <u>(714) 228 9231</u> E-Mail Address: <u>ALAN@FLAMINGENVIRONMENTAL.COM</u>
<u>WEST STAR ENV.</u> Company Name _____ Name of Parent Company (if Applicable)	<u>PHILIP MENARD</u> Attendee's Name <u>POST MAN</u> Title	Mailing Address: <u>4688 W. JENNIFER #101</u> City: <u>FRESNO</u> State: <u>CA</u> Zip: <u>93722</u> Telephone Number: <u>(559) 277-9378</u> FAX: <u>(559) 277-0106</u> E-Mail Address: <u>BILLY@west-star.net</u>
<u>REDWINE TESTING</u> Company Name _____ Name of Parent Company (if Applicable)	<u>JERRY RANDEL</u> Attendee's Name <u>FIELD TECH</u> Title	Mailing Address: <u>P.O. BOX 1567</u> City: <u>BAKERSFIELD</u> State: <u>CA</u> Zip: <u>93302</u> Telephone Number: <u>(661) 834 6993</u> FAX: <u>(661) 834 3177</u> E-Mail Address: <u>REDWINEtest@Hotmail.com</u>
<u>CHARLES E THOMAS</u> Company Name _____ Name of Parent Company (if Applicable)	<u>JOANNA SHULTZ</u> Attendee's Name <u>SENIOR. MGR</u> 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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C.E. Thomas Company Name Name of Parent Company (if Applicable)	Dennis Oldfield Attendee's Name Account Exec. Title	Mailing Address: 13701 Alameda Ave City: Gardena State: CA Zip: 90249 Telephone Number: (310) 323-6730 x267 FAX: (310) 527-9920 E-Mail Address: doldfield@cethomas.net
James of California Company Name Name of Parent Company (if Applicable)	Mike McHenry Attendee's Name General Manager Title	Mailing Address: 14910 Green Hills Court City: Palmdale State: CA Zip: 90723 Telephone Number: (818) 307-2531 FAX: (818) 845-1584 E-Mail Address: CORALMARC@JCS.COM
ACCEB INC. Company Name Name of Parent Company (if Applicable)	Khosrow Asadi Attendee's Name Project Manager Title	Mailing Address: 22034 Centinel Ave. City: CA State: CA Zip: 90025 Telephone Number: (310) 597-3003 E-Mail Address: KASRA59@MCI.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: _____