

**PROPOSERS' CONFERENCE**  
**AS-NEEDED VEHICLE AND EQUIPMENT REPAIR AND TOWING SERVICES PROGRAM (2009-AN013)**  
**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS**  
**(MONDAY, JUNE 29, 2009), AT 9 A.M., HOLLYDALE – ROAD MAINT. LARGE CONFERENCE ROOM**

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
<u>RP Automotive</u> <small>Company Name</small> <u>Penske Toyota, GMC, Cadillac, Honda</u> <small>Name of Parent Company (if Applicable)</small>	<u>Brian Clauss</u> <small>Attendee's Name</small> <u>Fixed Operation Mgr</u> <small>Title</small>	Mailing Address: <u>2010 E Garvey Ave South</u> City: <u>West Covina</u> State: <u>Ca</u> Zip: <u>92887</u> Telephone Number: <u>662-843-2112</u> FAX: ( ) E-Mail Address: <u>brian.Clauss@RPAutomotive.com</u>
<u>ATLAS RADIATOR</u> <small>Company Name</small>  <small>Name of Parent Company (if Applicable)</small>	<u>GEORGE CERDA</u> <small>Attendee's Name</small> <u>SALES MAN</u> <small>Title</small>	Mailing Address: <u>PO BOX 3846</u> City: <u>SANTA FE SPRINGS</u> State: <u>CA</u> Zip: <u>90670</u> Telephone Number: <u>(800) 244-8628</u> FAX: <u>(562) 941-8151</u> E-Mail Address: <u>Ø</u>
<u>California Frame &amp; Axle</u> <small>Company Name</small>  <small>Name of Parent Company (if Applicable)</small>	<u>Steve Boris</u> <small>Attendee's Name</small>  <small>Title</small>	Mailing Address: <u>6049 Rugby Ave</u> City: <u>Huntington Park</u> State: <u>CA</u> Zip: <u>90255</u> Telephone Number: <u>(323) 583-2834</u> FAX: <u>(323) 583-9857</u> E-Mail Address: <u>CaliforniaFrame@aol.com</u>
<u>CASTLINE Equipment</u> <small>Company Name</small> <u>DOG CAME</u> <small>Name of Parent Company (if Applicable)</small>	<u>R.B. SCHAFER</u> <small>Attendee's Name</small> <u>CIA</u> <small>Title</small>	Mailing Address: <u>618t PARAMOUNT Blvd</u> City: <u>Long Beach</u> State: <u>CA</u> Zip: <u>90802</u> Telephone Number: <u>(562) 272-7421</u> FAX: <u>(562) 272-7440</u> E-Mail Address: <u>Rob.SCSA@HTRAC.com</u>
<u>Sopp Ford</u> <small>Company Name</small>  <small>Name of Parent Company (if Applicable)</small>	<u>Walter Flores</u> <small>Attendee's Name</small>  <small>Title</small>	Mailing Address: <u>5925 S-Alameda</u> City: <u>L.A.</u> State: <u>CIA</u> Zip: <u>90001</u> Telephone Number: <u>(323) 586-8072</u> FAX: <u>(323) 586-9072</u> E-Mail Address: <u>Walterwithacn@yahoo.com</u>

**PROPOSERS' CONFERENCE**  
**AS-NEEDED VEHICLE AND EQUIPMENT REPAIR AND TOWING SERVICES PROGRAM (2009-AN013)**  
**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS**  
**(MONDAY, JUNE 29, 2009), AT 9 A.M., HOLLYDALE – ROAD MAINT. LARGE CONFERENCE ROOM**

Please print clearly and leave your business card.

Page 2 of 3

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>WESTERN TRANSMISSION</u> Company Name  Name of Parent Company (if Applicable)	<u>DONALD MISKASE</u> Attendee's Name  <u>OWNER</u> Title	Mailing Address: <u>1807 5TH AVE</u> City: <u>LOS ANGELES</u> State: <u>CA</u> Zip: <u>90019</u> Telephone Number: <u>(323) 737-5009</u> FAX: <u>(323) 737-5019</u> E-Mail Address: <u>WESTERNTRANS@SBCGLOBAL.NET</u>
<u>VONIC TRUCK SERVICE</u> Company Name  Name of Parent Company (if Applicable)	<u>TINA VONIC</u> Attendee's Name  <u>Dispatcher</u> Title	Mailing Address: <u>515 S. ROSE ST</u> City: <u>Anaheim</u> State: <u>CA</u> Zip: <u>92805</u> Telephone Number: <u>(714) 533-3333</u> FAX: <u>(714) 533-3355</u> E-Mail Address: <u>dispatch@vonicktruckservice.com</u>
<u>Pirtet Hoses</u> Company Name  Name of Parent Company (if Applicable)	<u>John Zeising</u> Attendee's Name   Title	Mailing Address: <u>5430 E. Olympic Blvd</u> City: <u>Commerce</u> State: <u>CA</u> Zip: <u>90022</u> Telephone Number: <u>(323) 724-6737</u> FAX: <u>(323) 724-6739</u> E-Mail Address: <u>zeising1@roadrunner.com</u>
<u>Diesel Alley, INC</u> Company Name  Name of Parent Company (if Applicable)	<u>CHRIS ROSALES</u> Attendee's Name  <u>OWNER / mgr</u> Title	Mailing Address: <u>4951 MASON ST.</u> City: <u>South Gate</u> State: <u>CA</u> Zip: <u>90280</u> Telephone Number: <u>213, 272-8090</u> FAX: <u>323, 563-1118</u> E-Mail Address: <u>CHRIS@DIESELALLEY.COM</u> <u>2814</u>
<u>Quality Fleet</u> Company Name  Name of Parent Company (if Applicable)	<u>HECTOR GARCIA</u> Attendee's Name  <u>GENERAL MANAGER</u> Title	Mailing Address: <u>19122 S. VERMONT AVE</u> City: <u>GARDENA</u> State: <u>CA</u> Zip: <u>90248</u> Telephone Number: <u>310, 353 5722</u> FAX: <u>310 353 5723</u> E-Mail Address: <u>H.Garcia@QualityFleet.com</u>

**PROPOSERS' CONFERENCE**  
**AS-NEEDED VEHICLE AND EQUIPMENT REPAIR AND TOWING SERVICES PROGRAM (2009-AN013)**  
**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS**  
**(MONDAY, JUNE 29, 2009), AT 9 A.M., HOLLYDALE – ROAD MAINT. LARGE CONFERENCE ROOM**

Please print clearly and leave your business card.

Page 3 of 3

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>ALTEC INDUSTRIES</u> <small>Company Name</small>  <u>ALTEC INDUSTRIES</u> <small>Name of Parent Company (if Applicable)</small>	<u>RICK THOMSON</u> <small>Attendee's Name</small>  <u>MANAGER ALTEC SERVICE GROUP</u> <small>Title</small>	Mailing Address: <u>2882 Pomona Blvd</u> City: <u>Pomona</u> State: <u>CA</u> Zip: <u>91768</u> Telephone Number: <u>(909) 444-0444</u> FAX: <u>(909) 444-0448</u> E-Mail Address: <u>RICHARD.THOMSEN@ALTEC.COM</u>
<u>Certified Crane Svc</u> <small>Company Name</small>  <u>Certified Crane Svc Inc</u> <small>Name of Parent Company (if Applicable)</small>	<u>Heather Muller</u> <small>Attendee's Name</small>  <u>Admin Asst.</u> <small>Title</small>	Mailing Address: <u>20475 Yellowbrick Rd. Ste 3D</u> City: <u>Walnut</u> State: <u>CA</u> Zip: <u>91789</u> Telephone Number: <u>909 595-3434</u> FAX: <u>909 595-9896</u> E-Mail Address: <u>certifiedcrane@earthlink.net</u>
 <small>Company Name</small>   <small>Name of Parent Company (if Applicable)</small>	 <small>Attendee's Name</small>   <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
 <small>Company Name</small>   <small>Name of Parent Company (if Applicable)</small>	 <small>Attendee's Name</small>   <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
 <small>Company Name</small>   <small>Name of Parent Company (if Applicable)</small>	 <small>Attendee's Name</small>   <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____