PROPOSERS' CONFERENCE
AS NEEDED HAUL TRUCK SERVICES (2017-AN012)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
WEDNESDAY, MARCH 8, 2017, AT 9 A.M., CONFERENCE ROOM A

Please print clearly and leave your business card.

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Alliance Construction Service Company Name Name of Parent Company (if Applicable)	Miguel angel Rivera Attendee's Name officer, Sales rep Title	Mailing Address: 8011 Quartz AV. City: ~~8011 Quartz AV.~~ Winnetka State: CA Zip: 91306 Telephone Number: (818) 714-4774 FAX: ( ) E-Mail Address: angl@thealliancechoice.com.
L.A.C. Motor Enter Company Name N/A Name of Parent Company (if Applicable)	JOHNNY Attendee's Name VP OPERATION Title	Mailing Address: 700 E. ROUTE 66 # 86 City: GLENDORA State: CA Zip: 91740 Telephone Number: (626) 915 1713 FAX: (626) 915 1778 E-Mail Address: lacmotorenterprises@netzero
T&M Construction Company Name T&M ~~Construction~~ Projects Inc Name of Parent Company (if Applicable)	Francine Accetta Attendee's Name President Title	Mailing Address: 780 W. Channel St. City: San Pedro State: CA Zip: 90731 Telephone Number: 310 8333366 FAX: 310 8337965 E-Mail Address: office.twconstruction@gmail.com
KEEP IT MOVING INC Company Name Name of Parent Company (if Applicable)	Michael Candlen Attendee's Name President Title	Mailing Address: 6709 LA TIJERA Blvd #139 City: Los Angeles State: CA Zip: 90045 Telephone Number: (213) 216-1443 FAX: (323) 232-2966 E-Mail Address: Michael@KeepITMovingInc.net
ABT Transport & Equipment Company Name N/A Name of Parent Company (if Applicable)	John Acuña Attendee's Name owner Title	Mailing Address: 3435 Bernadette Ct unit B City: West covina State: CA Zip: 91792 Telephone Number: (626) 523-1567 FAX: ( ) E-Mail Address: abttransport11@gmail.com

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Freeway Trucking Company Company Name Name of Parent Company (if Applicable)	Eric Blackshier Attendee's Name Owner Title	Mailing Address: 335 East Albertoni St 200/524 City: Carson State: CA Zip: 90746 Telephone Number: (661) 9922110 FAX: ( ) E-Mail Address: Eric_Blackshier@yahoo.com
LiQurti Truck Company Name Name of Parent Company (if Applicable)	Larry Qurti Attendee's Name Manager Title	Mailing Address: PO Box 199 City: Claremont State: CA Zip: 91711 Telephone Number: (909) 335-3411 FAX: (909) 335-7499 E-Mail Address: LCURTITE@AOL.COM
Anayas Trucking Company Name Name of Parent Company (if Applicable)	Eduardo Anaya Attendee's Name Manager Title	Mailing Address: 11840 Woodruff Ave City: Downey State: CA Zip: 90241 Telephone Number: (323) 833 6804 FAX: (562) 381 7011 E-Mail Address: Eddie at Anayastrucking.com
GT Equipment, Inc Company Name Name of Parent Company (if Applicable)	Nancy Cronin Attendee's Name President Title	Mailing Address: PO Box 436 City: La Canada State: CA Zip: 91012 Telephone Number: (818) 790-9511 FAX: (818) 790-9521 E-Mail Address: nancycacronin@sbcglobal.net
April's Dispatch Company Name Name of Parent Company (if Applicable)	April Gregg Attendee's Name Owner Title	Mailing Address: P.O. Box 11656 City: Burbank State: CA Zip: 91510 Telephone Number: (818) 768-2732 FAX: (818) 450-0490 E-Mail Address: adispatch@me.com

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
LSF Trucking, LLC Company Name Name of Parent Company (if Applicable)	Alberto Reynaga Attendee's Name Project manager Title	Mailing Address: 2217 S Catalina St City: Los Angeles State: CA Zip: 90007 Telephone Number: (323) 354 6709 FAX: ( ) E-Mail Address: albertoreyhdez96@gmail.com
SM SALES Company Name SAND MATERIALS + AGG. SALES INC Name of Parent Company (if Applicable)	JANIS PUSIC Attendee's Name PRESIDENT Title	Mailing Address: 17524 SIERRA HWY City: SANTA CLARITA State: CA Zip: 91351 Telephone Number: (661) 2524735 FAX: (661) 299-1547 E-Mail Address: JPUSIC@SMSALESINC.COM
MAJ TRANSPORTA Company Name Name of Parent Company (if Applicable)	~~Presidente~~ Allen Carson Attendee's Name Pr- Sdnt Title	Mailing Address: 7742 Beck Ave City: N. Hollywood State: CA Zip: 91605 Telephone Number: (818) 612-1929 FAX: (747) 500-9263 E-Mail Address: allencarco379@yahoo.com
Albert Blackshear Trucking Company Name Name of Parent Company (if Applicable)	Albert Blackshear Attendee's Name Owner Title	Mailing Address: 335 E Albertoni St. #200-548 City: Carson State: CA Zip: 90746 Telephone Number: (661) 219-5186 FAX: (310) 324-7397 E-Mail Address: abdumptrucks@gmail.com
MAYES TRUCKING INC. Company Name R. MAYES Name of Parent Company (if Applicable)	RON MAYES Attendee's Name PRESIDENT Title	Mailing Address: PO BOX 90615 City: LA State: CA Zip: 90009 Telephone Number: (310) 634-8722 FAX: ( ) E-Mail Address: RMTINC01@AOL.COM

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Reynaga transportation INC. Company Name Name of Parent Company (if Applicable)	Samantha Garcia Attendee's Name Operational Manger Title	Mailing Address: 939 E Jefferson Blvd City: Los Angeles State: CA Zip: 90011 Telephone Number: (323) 614-3474 FAX: ( ) E-Mail Address: Lizbethsamantha934@yahoo.com
Soto Trucking Company Name Name of Parent Company (if Applicable)	Richard Polanco Jr Attendee's Name VP. Business Development Title	Mailing Address: 750 S Garfield Ave City: Los Angeles #623 State: Ca Zip: 90017 Telephone Number: (626) 319-0154 FAX: ( ) E-Mail Address: richpolancojr@gmail.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:
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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Miranda Logistics Ent. Inc Company Name Name of Parent Company (if Applicable)	Stephanie Miranda / Marco A. Miranda Attendee's Name COO / - president Title	Mailing Address: 2202 S. Figueroa St #437 City: Los Angeles State: CA Zip: 90007 Telephone Number: (424) 800-3831 FAX: (") " E-Mail Address: Miranda@miranda-logistics.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:
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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
ALLIANCE EQUIPMENT Company Name Name of Parent Company (if Applicable)	Dorena Valencia Attendee's Name Office Manager Title	Mailing Address: ~~29036~~ 8011 QUARTZ AVE City: WINNETKA State: CA Zip: Telephone Number: (818) 428-3522 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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