Please print clearly and leave your business card.

Page ____of \(\frac{1}{2} \)

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Colich & Sons Company Name Name of Parent Company (if Applicable)	Attendee's Name Project Manager Title	Mailing Address: 547 W. 140th St. City: Crardena State: C4 Zip: 90248 Telephone Number: (310) 516-6346 FAX: (310) 217-2573 E-Mail Address: Cheidel @ colich.com
Company Name Name of Parent Company (if Applicable)	Melissa Schiller Attendee's Name Poject Marager Title	Mailing Address: PO Box 1048 City: MUNYNIA State: CA zip: 91017 Telephone Number: (626) 574 7570 FAX: (624) 574 7642 E-Mail Address: MELISSA, SLOCC & Mahoo com
Company Name Name of Parent Company (if Appleable)	Attendee's Name Manager Title	Mailing Address: 4864 Markef 57 km, f c'' City: Denfure State: Ca Zip: 83003 Telephone Number: (8056491277 FAX: 809477 ~ 0136 E-Mail Address: Dohn Suco(a) Illiams, 719c (0)
Doty Bros Company Name Name of Parent Company (if Applicable)	Attendee's Name Contracts Admin Gody bros co	E-Mail Address:
Company Name Name of Parent Company (if Applicable)	Chartene Wetzell-Hsu Cherrene Wetzell-Hsu Attendee's Name Project Coordinator Title	Mailing Address: 11232 E. Frestone City: Norwalk State: CA zip: 1650 Telephone Number: 562,864-6566 FAX: 5286+929-9368 E-Mail Address: CWetzell & Cotybros. Com

P:\ASPUB\CONTRACT\CONTRACTING FORMS\PROPOSER'S MEETINGSIGN IN SHEET.DOC

Please print clearly and leave your business card.

Page $\frac{1}{2}$ of $\frac{4}{2}$

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Mike Bubalo Const. Company Name S Name of Parent Company (if Applicable)	Jason Bubon 10 Attendee's Name Supervisor Title	Mailing Address: 5102 Gayhurst Ave City: Baldwin Park State: CA zip: 91706 Telephone Number: (26) 960-778 FAX: 626, 960 7897 E-Mail Address: 6105@ 605a 10. Com
Name of Parent Company (if Applicable)	MIKE VALVENDE Attendee's Name Sycaliscus Title	Mailing Address: 10918 SNCE MIKEL City: SAMA FE SPUNGS State: C4 Zip: 90670 Telephone Number: (562) 9061826 FAX: (562) 906 1918 E-Mail Address: MARCUS G WALVERSE CONST. COM
Cedro Construction, Inc. Company Name Name of Parent Company (if Applicable)	Xachi H Zuniga Attendee's Name Off Maveryex Title	Mailing Address: 120 & Sunta Mana State: CA zip: 93060 Telephone Number: (805) 525-0599 FAX: (805) 525-0509 E-Mail Address: and a Cadroconstruction com
DOMINGUEL GEN. ENGL. INC. Company Name Name of Parent Company (if Applicable)	Attendee's Name Physical Many GER Title	Mailing Address: 3606 STRANG, AVE City: POSEMEAN State: CA Zip: 91770 Telephone Number: 616, 442-7444 FAX: 616, 442-7277 E-Mail Address: Dominguetyenewl @ aol-com
Company Name Name of Parent Company (if Applicable)	Attendee's Name	Mailing Address:

P:\ASPUB\CONTRACT\CONTRACTING FORMS\PROPOSER'S MEETINGSIGN IN SHEET.DOC

Please print clearly and leave your business card.

Page 3 of 4

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
S+ T SSPACY Company Name	Power France's Name	Mailing Address: 131 05 Flore 12 City: Sara la Spens State: Ca Zip: 50670 Telephone Number: (811) 944-7433 FAX: (361) 944-722 9
Name of Perent Company (if Applicable) Of Mary MC ASS Company Name	Attendee's Name OHCE Managle	E-Mail Address: Porta FD S-J Supply. Con Mailing Address: 1155 Rush St City: State: On Zip: 1133 Telephone Number of Help Help Control Cont
Name of Parent Company (if Applicable) Maden Burtich Const Company Name Name of Parent Company (if Applicable)	Attendee's Name Project Engineer Title	E-Mail Address: 1500 West 9th Street City: Upland State: C7 Zip: 9/786 Telephone Number: 909, 920, 9977 FAX: 909, 920, 9905 E-Mail Address: McK167 burtich.com
Company Name / Name of Parent Company (if Applicable)	Tom NANChy Attendee's Name Project MANAGER Title	Mailing Address: 157 M ACACIA St City: SAN DIMAS State: CA Zip: 9/773 Telephone Number: (909) 5999606 FAX: () E-Mail Address: TNAN Chy & gen pump (om
Company Name Name of Parent Company (if Applicable)	Attendee's Name	Mailing Address:

P:\ASPUB\CONTRACT\CONTRACTING FORMS\PROPOSER'S MEETINGSIGN IN SHEET.DOC

Please print clearly and leave your business card.

Page <u>4</u> of <u></u>

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Name of Parent Company (if Applicable)	Styphew DORRCK Attendee's Name V. P. Title	Mailing Address: 70 95 18 LE 9 R & M R R R City: Pi CD R I VEN i State: C1 Zip: 906 60 Telephone Number: (562) 9494949 FAX: (562) 2615038 E-Mail Address: C D 6 R B C A D A D C COY
MINCO CONSTRUCTION Company Name Name of Parent Company (if Applicable)	Peter Saad Attendee's Name A. M	Mailing Address: 522, E. Airline Way City: <u>Carddena</u> State: <u>CA</u> Zip: <u>90248</u> Telephone Number: (3(0) 516 8 (00 FAX: (310) 516-7404 E-Mail Address: <u>raffi.Tamincoconstruction.com</u>
W.A. RASIC Construction Co. Company Name Name of Parent Company (if Applicable)	Keith Fouts Attendee's Name	Mailing Address: 4150 Long Beach BLVD. City: Long Beach State: 69 Zip: 90807 Telephone Number: (562) 928-6111 FAX: (562) 928-7339 E-Mail Address: 1(forts@warasic.com
Buli Construction Company Name Name of Parent Company (if Applicable)	Tom STriggr Attendee's Name	Mailing Address: 9052 Jee Vargas Way City: S. EL Mate State: CA Zip: 91733 Telephone Number: ((26) 4428003 FAX: ((26) 4426365 E-Mail Address: East mating phalic construction. com
Company Name Name of Parent Company (if Applicable)	Attendee's Name	Mailing Address:

P:\ASPUB\CONTRACT\CONTRACTING FORMS\PROPOSER'S MEETINGSIGN IN SHEET DOC