PROPOSERS' CONFERENCE AS-NEEDED FLAGGING SERVICES (2012-AN003) LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS (WEDNESDAY, APRIL 18, 2012), AT 9:00 A.M., CONFERENCE ROOM A

Please print clearly and leave your business card.

Page <u>1</u> of <u>2</u>

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Name of Parent Company (if Applicable)	CORRY ENGLISH Attendee's Name BRANCIN MANAGEN JIE	Mailing Address: 5900 S. EASTERN AVE City: COMMERCE State: CA Zp: 90040 Telephone Number: (323) 303-3590 AX: (323) 303-3591 E-Mail Address: Cengli Sheus Security 95500 Att. Com
Company Name Name ofParent Company (if Applicable)	Attendee's Name	Mailing Address:
Company Name Name ofParent Company (if Applicable)	Attendee's Name	Mailing Address:
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Page 2 of 2

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Company Name Name of Parent Company (if Applicable)	Kimberly Po UNNITI Attendee's Name Busines I Development CKSLOC ITE	Mailing Address: S900 S & a STMM CONC City: State: A Zp: Telephone Number: 333, 303-359 X: [] E-Mail Address: Y BUMPT OUS SCUMITIES LAM
Company Name Name ofParent Company (if Applicable)	Attendee's Name	Mailing Address:
Company Name Name ofParent Company (if Applicable)	Attendee's Name	Mailing Address:
Company Name Name ofParent Company (if Applicable)	Attendee's Name	Mailing Address:
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