

PROPOSERS' CONFERENCE
BRIDGESTONE RUBBER DAM SYSTEM TELEMETRY COMPONENT MAINTENANCE SERVICES (2009-IT001)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
WEDNESDAY, OCTOBER, 14, 2009, AT 9 A.M., CONFERENCE ROOM D

Please print clearly and leave your business card.

Page 1 of 2

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>DYRHOFF INC</u> Company Name Name of Parent Company (if Applicable)	<u>ROGER BRYENTON</u> Attendee's Name <u>VIC PRESIDENT</u> Title	Mailing Address: <u>9601 LOMITA CT; #178</u> City: <u>RANCHO CUCAMONGA</u> State: <u>CA</u> Zip: <u>9170</u> Telephone Number: <u>(909) 758-0970</u> FAX: <u>()</u> E-Mail Address: <u>rbryenton@dyrhoffusa.com</u>
<u>GB Cooke / A Thousand Hills</u> Company Name Name of Parent Company (if Applicable)	<u>Cori Green</u> Attendee's Name <u>Proj</u> Title	Mailing Address: <u>580 E. Foothill Blvd</u> City: <u>AZUSA</u> State: <u>CA</u> Zip: <u>91702</u> Telephone Number: <u>(626) 969-8736</u> FAX: <u>(626) 969-7919</u> E-Mail Address: _____
<u>PASCAL & LUDWIG</u> Company Name Name of Parent Company (if Applicable)	<u>Bryan Karsen</u> Attendee's Name <u>Project Manager</u> Title	Mailing Address: <u>2049 E. FRANCIS ST.</u> City: <u>CANTARIO</u> State: <u>CA</u> Zip: <u>91761</u> Telephone Number: <u>(909) 947-4631</u> FAX: <u>(909) 947-4722</u> E-Mail Address: <u>BKarsen@Pascal & Ludwig.com</u>
<u>A THOUSAND HILLS</u> <u>JOHN PARENT</u> Company Name Name of Parent Company (if Applicable)	<u>JOHN PARENT</u> Attendee's Name <u>PRESIDENT</u> Title	Mailing Address: <u>103 SOUTH BAYVIEW DR</u> City: <u>PORT LUDLOW</u> State: <u>WA</u> Zip: <u>90365</u> Telephone Number: <u>(360) 437-9005</u> FAX: <u>()</u> E-Mail Address: <u>J.PARENT (A) A THOUSAND HILLS.NET</u>
<u>SOFFA ELECTRIC</u> Company Name Name of Parent Company (if Applicable)	<u>SALIB MANSOUR</u> Attendee's Name Title	Mailing Address: <u>5901 CORVETTE ST</u> City: <u>COMMERCE</u> State: <u>CA</u> Zip: <u>90040</u> Telephone Number: <u>(323) 728-0230</u> FAX: <u>()</u> E-Mail Address: <u>salibmamsour@soffaelectric.com</u>

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<u>Trimax Systems</u> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	<u>Dean McLaughlin</u> <small>Attendee's Name</small> <u>President</u> <small>Title</small>	Mailing Address: <u>2791 Caraway</u> City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
<u>Trimax Systems</u> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	<u>Dean McLaughlin</u> <small>Attendee's Name</small> <u>President</u> <small>Title</small>	Mailing Address: <u>565 Explorer 92821</u> City: <u>Brea</u> State: <u>CA</u> Zip: <u>92821</u> Telephone Number: <u>(714) 255-8500</u> FAX: <u>(714) 255-1922</u> E-Mail Address: <u>deanm@trimaxsystems.com</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: _____