

PROPOSERS' CONFERENCE
(GRAFFITI REMOVAL SERVICES ZONE 5 – NORTH COUNTY)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
(TUESDAY, July 22, 2014), AT 9:30 A.M., CONFERENCE ROOM D

Please print clearly and leave your business card.

Page 1 of

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>sm Painting, Inc</u> Company Name	<u>Petros Polycarpou</u> Attendee's Name	Mailing Address: <u>29 Itasca Ave Ln</u> <u>29 Itasca Ave Ln</u> City: <u>Beth Canyon</u> State: <u>CA</u> Zip: <u>91307</u> Telephone Number: <u>(818) 716-7410</u> FAX: <u>(818) 716-7443</u> E-Mail Address: <u>compainting@smglobal.net</u>
<u>Customwood Finishing</u> Company Name	<u>ARMAN Soliman</u> Attendee's Name	Mailing Address: <u>8332 Ducon Ave</u> City: <u>Westhus</u> State: <u>CA</u> Zip: <u>91307</u> Telephone Number: <u>(818) 259-0005</u> FAX: <u>(818) 259-0884</u> E-Mail Address: <u>Customwood Finishing @ gmail.com</u>
<u>Urban Graffiti Entb</u> Company Name	<u>Maria Contreras</u> Attendee's Name	Mailing Address: <u>Managadurkangralliti.com</u> <u>20000 3833 Noona</u> State: <u>CA</u> Zip: <u>91728</u> Telephone Number: <u>(626) 875-4900</u> FAX: <u>(626) 875-4499</u> E-Mail Address: <u>Managadurkangralliti.com</u>
<u>WOODS MAINTENANCE INC</u> Company Name	<u>JOH WOODS</u> Attendee's Name	Mailing Address: <u>7260 ATOLL AVE</u> City: <u>N. HOLLYWOOD</u> State: <u>CA</u> Zip: <u>91605</u> Telephone Number: <u>(818) 764-2515</u> FAX: <u>(818) 764-2516</u> E-Mail Address: <u>JWOODS@GARRK191CONTRACT.COM</u>
<u>CRCD ENTERPRISES</u> Company Name	<u>JOE GAMEZ</u> Attendee's Name	Mailing Address: <u>3101 S. GRAND AVE</u> City: <u>LOS ANGELES</u> State: <u>CA</u> Zip: <u>90007</u> Telephone Number: <u>(213) 743-4194</u> FAX: <u>(213) 743-4198</u> E-Mail Address: <u>jgamez@erident.com</u>
<u> </u> Name of Parent Company (if Applicable)	<u> </u> Title	<u> </u>

PROPOSERS' CONFERENCE
(GRAFFITI REMOVAL SERVICES ZONE 5 – NORTH COUNTY)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
(TUESDAY, July 22, 2014), AT 9:30 A.M., CONFERENCE ROOM D

Please print clearly and leave your business card.

Page 2 of

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>THINK THERAPY</u> Company Name	<u>MARK KOWALSKY</u> Attendee's Name	Mailing Address: <u>6765 Groves Ct.</u> City: <u>Chico</u> State: <u>CA</u> Zip: <u>91710</u> Telephone Number: <u>909 319-5409</u> FAX: <u>909 627-0807</u> E-Mail Address: <u>mark@thinktherapy.com</u>
<u>SUPERIOR PROPERTY SERVICES</u> Company Name	<u>RON BRUNICK</u> Attendee's Name	Mailing Address: <u>9129 TORKINS ST.</u> City: <u>RICC</u> State: <u>CA</u> Zip: <u>92660</u> Telephone Number: <u>(562) 801-9200</u> FAX: <u>(562) 801-9230</u> E-Mail Address: <u>RON@4SUPERIOR.COM</u>
<u>CRCD Enterprises</u> Company Name	<u>Anna Orozco</u> Attendee's Name	Mailing Address: <u>3101 S. Grand Av.</u> City: <u>Los Angeles</u> State: <u>CA</u> Zip: <u>90007</u> Telephone Number: <u>(213) 743-6193</u> FAX: <u>(213) 743-6198</u> E-Mail Address: _____
<u>Full Throttle Power Wash</u> Company Name	<u>Timothy Claxton</u> Attendee's Name	Mailing Address: <u>41340 Pac Street Suite #17</u> City: <u>Van Nuys</u> State: <u>CA</u> Zip: <u>91411</u> Telephone Number: <u>909 229-3500</u> FAX: _____ E-Mail Address: <u>Tim@fullthrottlewash.com</u>
<u>Full Throttle Power Wash</u> Company Name	<u>Co</u> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () () () FAX: () () () E-Mail Address: _____
<u>Full Throttle Power Wash</u> Company Name	<u>Co</u> Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () () () FAX: () () () E-Mail Address: _____

Please print clearly and leave your business card.