PROPOSERS' CONFERENCE

Monday, December 21, 2009, a

Please print clearly and leave your

	NAME OF DEBSON ATTENDING
Page — of }	business card.
uth Fremont Avenue, Alhambra, California 91803,	<u>at 9 a.m.</u> at Public Works Headquarters, 900 South Fremont Avenue, Alhambra, in Conference Room A.
PUBLIC WORKS	LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
A011)	JANITORIAL SERVICES (2009-PA011)

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
JEMIEF Quilding Jettle	Limbell Ratis	Mailing Address: 1909 Wikshike BILL City: L. A State: CA Zip: 90057
Name of Parent Company (if Applicable)	Und Tille	Telephone Number: (213) 386-283 FAX: (213) 386-2846 E-Mail Address: DBMS @ DRS bell, not
Selvicen JosTems Int	Sando Zsovivel	Address:
Company Name Name of Parent Company (if Applicable)	Attendee's Name ORTGHONS MSR Title	Telephone Number: (310) 704-5040 FAX: 310, 304-5087 E-Mail Address: don/6 @ don/toicid. Com.
Diamond Contract Services	Ke 1+h Michaels Attendee's Name	Mailing Address: 2249 N. Hally would Way City: Burbank State: CA Zip: 91505
Name of Parent Company (if Applicable)	Dir Corp. Communications	Telephone Number: (\$18)565-3554 FAX: (818) 565-3556 E-Mail Address: Smicha CS @ diamond Contract. com
ST S TANK BELLE (Company Name	Attendee's Name	Mailing Address: 1299 & ARtesia BLUD ST& 240 City: CAYSON State: C. Zip: 90746
Name of Parent Company (if Applicable)	Business Development	Telephone Number: (310) 619-4467 FAX: (310) 608-(149) E-Mail Address: R 600 6 55 m 294, 604
Company Name	Attendee's Name	Mailing Address: State: Zip:
Name of Parent Company (if Applicable)	Title	E-Mail Address:

PROPOSERS' CONFERENCE

Monday, December 21, 2

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MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS	NAME OF PERSON ATTENDING
Page $\frac{6}{2}$ of $\frac{7}{2}$	your business card.
1 A.	in Conference Room A.
00 South Fremont Avenue, Alhambra, California 91803,	<u>2009, at 9 a.m.</u> at Public Works Headquarters, 900 South Fremont Avenue, Alhan
T OF PUBLIC WORKS	LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
009-PA011)	JANII ORIAL ORIVICES (2009-TA011)

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Sparkling crean creaming	S MINIOUNG HOLDNEY	
Company Name	Attendee's Name	City: 105 Angelos state(17 zip: 40043 Telephone Number: 1323)240 -3435FAX: (30)674-6377
Name of Parent Company (if Applicable)	l I	E-Mail Address VIVIA RO @ SPORK) INCOLONIC. NOT.
Mory Comp, lace	Leated betheren	Mailing Address NOW NEW MAINS National Mailing Address NOW NEW MAINS NATIONAL MAI
C∳mpany Nam¢ / '	Attendee's Name	City: 61 Stuffer State Tip: 464 To Telephone Number: 30 364-529 FAX: 310 464 TO
Name of Parent Company (if Applicable)	Title	E-Mail Address ADDO (The Well Croup - INC. LONG
Stratus Building	Lorosh Daryabeya	Mailing Address: 16530 Vandure Blvd # 204
Solutions	Associated Designation	one Number: (310) 614-4086 FAX: (
Name of Parent Company (if Applicable)	Title	E-Mail Address: Kurosha) Stratus - LA. com
TOTAL KUNIEPTS AG	Tenisma Munfield	6 E. Palmodal
Company Name	Attendee's Name U	City: 1914706416 State: 601 210: 735 50
Name of Parent Company (if Applicable)	Title	E-Mail Address: KMIShu (OH) tu/ KUNICPES ACS. LUM
		Mailing Address:
Company Name	Attendee's Name	City: State: Zip:
	<u>\</u>	Telephone Number: () FAX: ()
Name of Parent Company (if Applicable)	Title	E-Mail Address:

PROPOSERS' CONFERENCE

JANIT(LOS ANGELES CC Monday, December 21, 2009, at 9 a.m. at Public Wo

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ORIAL SERVICES (2009-PA011) OUNTY DEPARTMENT OF PUBLIC WORKS orks Headquarters, 900 South Fremont Avenue, Alhambra, California 91803, in Conference Room A. Page 4 of 7		DON ATTENDING
ORIAL SERVICES (2009-PA011) OUNTY DEPARTMENT OF PUBLIC WORKS orks Headquarters, 900 South Fremont Avenue, Alhambra, California 91803, in Conference Room A.	Page $\frac{2}{7}$ of $\frac{1}{7}$	
ORIAL SERVICES (2009-PA011) OUNTY DEPARTMENT OF PUBLIC WORKS) A.	in Conference Roon
ORIAL SERVICES (2009-PA011)	T OF PUBLIC WORKS	OUNTY DEPARTMEN
)09-PA011)	ORIAL SERVICES (2

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
1725 MAINTENANDE SER	John WARD	b Keswik
Name of Barent Company (if Applicable)	Attendee's Name Besides December	Telephone Number 68 988-6644 FAX: 868 988 7922
TANI- KING	Total YEUNG	Mailing Address 500 N. STATE WIGGE BLVD #900
Company Name	Attendee's Name	City: UPA ~ 6 5 State: CA Zip: 92868 Telephone Number: 714,990-2221 FAX: (714) 990-3188
Name of Parent Company (if Applicable)	Title VIOLE YOU	E-Mail Address: Weunge janiking. com
		Mailing Address: 26200 ABDALE ST
Company Name	Attendee's Name	City: 10 CWKKLL State: CK Zip: 91521
Name of Parent Company (if Applicable)	HWIHONY GOACHIN	E-Mail Address: IABWFINCLEAN @ MML. Com
CARTHU	DAVID SECON	Mailing Address:
Company Name	Attendee's Name	City: State: Zip:
	Ascontine	Telephone Number: () FAX: ()
Name of Parent Company (if Applicable)	Title	E-Mail Address:
		Mailing Address:
Company Name	Attendee's Name	City: State: Zip:
	_	Telephone Number: () FAX: ()
Name of Parent Company (if Applicable)	Title	E-Mail Address:

PROPOSERS' CONFERENCE JANITORIAL SERVICES (2009-PA011) LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS

Monday, December 21, 2009, at 9 a.m. at Public Works Headquarters, 900 South Fremont Avenue, Alhambra, California 91803, in Conference Room A.

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Page $\frac{4}{7}$ of $\frac{7}{7}$

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
PJ Cedhas GAP	Lill Office	Mailing Address: 17339 Jos Almos St
Company Name	Attendee's Name	City: Granda Hills State: 04 Zip: 91344 Telephone Number: (818) 890-2525
Name of Parent Company (if Applicable)	Title	E-Mail Address: Picephas @ hotmail. Com
LEE' LE JANITOR SEVICES,	K. W. F.	Address: 418
Company Name	Attendee's Name	City: LOS Myseles State: Ca Zip: 90003
		_
Name of Parent Company (if Applicable)	Title	E-Mail Address:
HERCHANIS Pavilding Physicano	Wantace E. Reis	WHEN PASS BOARD
Company Name	Attendee's Name	Telephone Number (328) 446 - 0532 FAX: (323) 881-9606
Name of Parent Company (if Applicable)	Title	E-Mail Address: Wen's @HOHON Line. COH
Julia-Renais Cleania Son	MASS Hadson	Mailing Address: 43759 15th St W # 126
	Attendee's	City: Lancaster State: Ca zip: 93534
		Telephone Number: (661) 948-5740 FAX: (661) 940-7299
Name of Parent Company (if Applicable)	Title	E-Mail Address: July eveness 50 sm global met
	1	Mailing Address:
Company Name	Attendee's Name	City: State: Zip:
Name of Parent Company (if Applicable)	Title	E-Mail Address:
		I Hall Madieso.

JANITORIAL SERVICES (2009-PA011) LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS PROPOSERS' CONFERENCE

Monday, December 21, 2009, at 9 a.m. at Public Works Headquarters, 900 South Fremont Avenue, Alhambra, California 91803, in Conference Room A.

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Company Name CANITON MANUEL Shaid	Attendee's Name	Mailing Address: 624 S. Pulm Ave. City: Alhumbra State: CA Zip: 91803

COMTANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Emplic Builden Emulinment	Attendee's Name	Mailing Address: 624 S. Pulm Ave. City: Alhumbra State: CA Zip: 91803
Name of Parent Company (if Applicable)	Div. Minuay	Telephone Number: (blb) 2848755 FAX: (blb) 281-4263 E-Mail Address: Suun Gemphabinding - es-com
Company Name Company Name Name of Parent Company (if Applicable)	Attendee's Name Principal CEA	Mailing Address: 38126 N. SIRCA KM City: PALMOPLE State-UT Zip: 95850 Telephone Number: 1661) 9 47-7175 FAX: ()
ASATEM CONTINUE Company Name 1 1 1 1 Name of Parent Company (if Applicable)	Attendee's Name	Mailing Address: City: State: Zip: Telephone Number: () FAX: ()
Company Name	Attendee S Name	Mailing Address: State: Zip: City: FAX: ()
Name of Parent Company (if Applicable)	Title	E-Mail Address: Mailing Address:
Company Name	Attendee's Name	City: State: Zip: Telephone Number: () FAX: ()
Name of Parent Company (if Applicable)	Title	E-Mail Address:

PROPOSERS' CONFERENCE JANITORIAL SERVICES (2009-PA011) LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS

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Page ℓ of ℓ	siness card.	early and leave your business card.
00 South Fremont Avenue, Alhambra, California 91803, า A.	ecember 21, 2009, at 9 a.m. at Public Works Headquarters, 900 South Fremont in Conference Room A.	ecember <u>21, 2009, at s</u>

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Ultimate Maintenance Sexuiced Pau	Attendee's Name	Mailing Address: Pau (DI) Himatenia Menancese Nices. Com City: Lawnodale State: CA zip: 90260
Name of Parent Company (if Applicable)	Presidentille	E-Mail Address: QUOIT ingle wainteranceservices. Con
PREMIES Maintenan Solvice Company Name	Masser Sadawi Attendee's Name	Mailing Address: 1100 SO. EUCIA City: La Habra State: CA Zip: 90631
Name of Parent Company (if Applicable)	Operations Marager	Telephone Number: (714) 871-3380 FAX: (114) 871-2232 E-Mail Address: 1955er @ PeerlessSvc.com
M. Company Name	Shallest Pade) Attendee's Name	Mailing Address: City: Tefephone Number: 646) 458-5942 FAX: ()
Name of Parent Company (if Applicable)	Title	E-Mail Address:
Imperial Maintenance Services	CLYMEN RUIZ Attendee's Name	mailing Address: 8830 Cherry Hills Place City: Stackton State: (a: zip: 95209)
Name of Parent Company (if Applicable)	Title	Telephone Number: (209) 957 0421 FAX: (209) 957-0421 E-Mail Address: 174β(rial maint (8) 00). com
Company Name	Attendee's Name	Mailing Address: City: State: Zip:
		AX: (
Name of Parent Company (if Applicable)	Title	E-Mail Address:

PROPOSERS' CONFERENCE JANITORIAL SERVICES (2009-PA011)

Monday, December 21, 2009, at 9 a.m. at Public Works Headquarters, 900 South Fremont Avenue, Alhambra, California 91803, LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS in Conference Room A.

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Page ∠ of ∠

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
ARRY Company Name	Desham Lymas Attendee's Name	Mailing Address: 24\9\1, 3\1, 3\1, 4\100\18 City: 465 Angele5 State: 4 Zip: 9(0) 18 Telephone Number: (34) 373 731-7734 FAX: (323) -1 37-2377
Name of Parent Company (if Applicable)	Title 8	E-Mail Address: 16020 it clean of 8 501 @100al net Mailing Address:
Company Name	Attendee's Name	City: State: Zip: Telephone Number: FAX:
Name of Parent Company (if Applicable)	Table 1	E-Mail Address: Mailing Address:
Company Name	Attendee's Name	City:
Name of Parent Company (if Applicable)	Title	Mail Address: Mailing Address:
Company Name	Attendee's Name	City: State: Zip: Telephone Number: () FAX: ()
Name of Parent Company (if Applicable)	Type	E-Mail Address:
Company Name	Attendee's Name	Mailing Address: City: State: Zip:
Name of Darent Company (if Applicable)		Telephone Number: () FAX: ()
Name of Parent Company (if Applicable)	Title	E-Mail Address: