

PROPOSERS' CONFERENCE
AS-NEEDED HERBICIDE APPLICATION USING SMALL AND LARGE SPRAY RIGS (2011-AN029)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
(TUESDAY, NOVEMBER 29, 2011), AT 9:00 A.M., CONFERENCE ROOM A

Please print clearly and leave your business card.

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Snyder's Inc.</u> Company Name Name of Parent Company (if Applicable)	<u>Ezekiel Snyder</u> Attendee's Name <u>Rep.</u> Title	Mailing Address: <u>1663 E. Pel Amo Blvd</u> City: <u>Carson</u> State: <u>CA</u> Zip: <u>90746</u> Telephone Number: <u>(323) 979-7223</u> FX: <u>(323) 764-5069</u> E-Mail Address: <u>snyder4@aol.com</u>
<u>Quality Sprayers, Inc</u> Company Name Name of Parent Company (if Applicable)	<u>Justin Cosay</u> Attendee's Name <u>GM</u> Title	Mailing Address: <u>1549 W. 17th St</u> City: <u>Long Beach</u> State: <u>CA</u> Zip: <u>90813</u> Telephone Number: <u>(562) 376-5177</u> FX: <u>(562) 435-5767</u> E-Mail Address: <u>justincosay.qsi@gmail.com</u>
<u>Steve Eynon</u> Company Name <u>EYNON MANAGEMENT INC</u> Name of Parent Company (if Applicable)	<u>Steve Eynon</u> Attendee's Name <u>CEO</u> Title	Mailing Address: <u>365A Ocean Ranch Blvd</u> City: <u>Oceanside</u> State: <u>CA</u> Zip: <u>92057</u> Telephone Number: <u>760 529 9931</u> FX: <u>760 529 9946</u> E-Mail Address: <u>Steve.Eynon@eynonwest.com</u>
<u>Orozco Landscape + Tree Co.</u> Company Name <u>N/A</u> Name of Parent Company (if Applicable)	<u>Carlos Orozco</u> Attendee's Name <u>Supervisor</u> Title	Mailing Address: <u>1419 East End Ave</u> City: <u>Pomona</u> State: <u>CA</u> Zip: <u>91766</u> Telephone Number: <u>909 1623-8287</u> FX: <u>(909) 469-0634</u> E-Mail Address: <u>carlos@orozcolandscape.com</u>
<u>AGRICULTURAL WEST</u> <u>CONTRACT SERVICES</u> Company Name <u>LANDSCAPE MAINTENANCE</u> <u>N/A</u> Name of Parent Company (if Applicable)	<u>THOMAS DIXON</u> Attendee's Name <u>VICE PRESIDENT</u> Title	Mailing Address: <u>9917 MANHE AVE</u> City: <u>LAKEVIEW</u> State: <u>CA</u> Zip: <u>92040</u> Telephone Number: <u>(858) 536-2999</u> FX: <u>619 561-0462</u> E-Mail Address: <u>SERVICE@AGWEST.COM</u>

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<u>KATO LS</u> Company Name Name of Parent Company (if Applicable)	<u>WALT TAKEDA</u> Attendee's Name Title	Mailing Address: <u>18132 BILHARD ST</u> City: <u>FOUNTAIN VALLEY</u> State: <u>CA</u> Zip: <u>92708</u> Telephone Number: <u>(949) 335-2630</u> FX: () E-Mail Address: <u>KATO.LANDS@VERIZON.NET</u>
<u>Pestmaster SVC Inc</u> Company Name Name of Parent Company (if Applicable)	<u>Gil Ginsberg</u> Attendee's Name Title	Mailing Address: <u>42717 6th St East</u> City: <u>Lancaster</u> State: <u>CA</u> Zip: <u>93535</u> Telephone Number: <u>(661) 723-7525</u> FX: <u>(661) 940-6168</u> E-Mail Address: <u>gginsberg@pestmaster.com</u>
<u>DBT Inc.</u> Company Name <u>DBT</u> Name of Parent Company (if Applicable)	<u>Jesus Razo</u> Attendee's Name <u>Operator</u> Title	Mailing Address: <u>14595 Cucamonga Ave</u> City: <u>Ontario</u> State: <u>CA</u> Zip: <u>91761</u> Telephone Number: <u>(909) 890-7864</u> FX: <u>4860</u> E-Mail Address: <u>www.dnrcra@dbiservices.com</u>
 Company Name Name of Parent Company (if Applicable)	 Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FX: () E-Mail Address: _____
 Company Name Name of Parent Company (if Applicable)	 Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FX: () E-Mail Address: _____

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<u>Landscape</u> Company Name Name of Parent Company (if Applicable)	<u>Carl Chasen</u> Attendee's Name Title	Mailing Address: <u>5215 State St</u> City: <u>Montclair</u> State: <u>CA</u> Zip: <u>91763</u> Telephone Number: <u>(909) 627-2000</u> FAX: () E-Mail Address: <u>Carl@landscape.com</u>
 Company Name Name of Parent Company (if Applicable)	 Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FAX: () E-Mail Address: _____
 Company Name Name of Parent Company (if Applicable)	 Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FAX: () E-Mail Address: _____
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