PROPOSERS' CONFERENCE
AS-NEEDED HEATING, VENTIATION, AND AIR CONDITIONING (HVAC) SERVICES
AT NORTH COUNTY AREA FACILITITIES
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
WEDNESDAY, AUGUST 1, 2010 AT 9 A.M., CONFERENCE ROOM B

Please print clearly and leave your business card.

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
FM Thomas Air Conditioning Company Name N/A Name of Parent Company (if Applicable)	R.J. Miller Attendee's Name Account Manager Title	Mailing Address 231 Gemini Ave City: Brea State: CA Zip: 92821 Telephone Number (714) 738-1062 FAX: (714) 738-6886 E-Mail Address: rjmiller@fmthomas.com
AA TREYBUSH Company Name Name of Parent Company (if Applicable)	ALEX TREYBUSH Attendee's Name Title	Mailing Address 18375 VENTURA BL. #252 City: TARZANA State: CA Zip: 91356 Telephone Number (818) 776-8926 FAX: (818) 776-1446 E-Mail Address: aat@aatcomfort.com
HNK TECH, INC. Company Name Name of Parent Company (if Applicable)	JOHN HAN Attendee's Name PRESIDENT Title	Mailing Address: 2525 W. 8TH ST. #201 City: Los Angeles State: CA Zip: 90057 Telephone Number: (213) 384-3730 FAX: 213 384-2224 E-Mail Address: hnktech@yahoo.com
ACCO ENGINEERED SYSTEMS Company Name Name of Parent Company (if Applicable)	MIKE DUNCAN Attendee's Name SERVICE MANAGER Title	Mailing Address: 6265 San Fernando Rd. City: Glendale State: CA Zip: 91201 Telephone Number: (818) 730-5750 FAX: (818) 246-2941 E-Mail Address: MDUNCAN@ACCO-SERVICE.com
Johnson Controls Company Name Name of Parent Company (if Applicable)	Ronald Harrell Attendee's Name Account Executive Title	Mailing Address: 103 Hastings Ave City: Ventura State: CA Zip: 93003 Telephone Number (714) 206-8983 FAX: (805) 435-1779 E-Mail Address: ronald.harrell@jci.com

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
ECONOWEST Company Name E Same Name of Parent Company (if Applicable)	DAVE KERR Attendee's Name PRES. Title	Mailing Address 42332 1/2 10ST WEST City LANCASTER State CA Zip 93534 Telephone Number (661) 947-2653 FAX: (4061 ECONOWEST E-Mail Address. HVACDAVE 949-2542
Control Air Conditioning Company Name Same Name of Parent Company (if Applicable)	Ricky Thomas Attendee's Name Account Director Title	Mailing Address 5200 E. La Palma City Anaheim State CA Zip 92807 Telephone Number (714) 856-0647 FAX: ( ) E-Mail Address: rthomas@controlaircorp.com
BRACCO INC Company Name 11 Name of Parent Company (if Applicable)	JOY VALENZA Attendee's Name OP MGR Title	Mailing Address 20942 OSBORNE ST #5 City CANOGA PK State CA Zip 91304 Telephone Number (818) 700 9868 FAX: (818 700 2551) BRACCOAIR @ HOTMAIL COM E-Mail Address.
Johnson Controls Company Name Name of Parent Company (if Applicable)	Justin Klein Attendee's Name Client Server Rep Title	Mailing Address 17800 Colima St. City Rowland Heights State CA Zip 91748 Telephone Number (562) 343 6674 FAX: ( ) E-Mail Address. justinklein.ca@gmail.com
Circulating Air Company Name Name of Parent Company (if Applicable)	JAIME CASTRO Attendee's Name Title	Mailing Address 7337 VARNA AVE City N Hollywood State CA Zip 90605 Telephone Number (818) 983-0775 FAX: (JCASTRO@CIRCAIR.COM E-Mail Address.

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
A/C PROS INC Company Name Name of Parent Company (if Applicable)	Ever E Quintanilla Attendee's Name Title	Mailing Address 18653 Ventura Blvd Suh 251 City Tarzana State CA Zip 91356 Telephone Number (818) 9439994 FAX: ( ) E-Mail Address.
Climate Pro Mechanical Company Name Name of Parent Company (if Applicable)	Nikolai Lavshkin Attendee's Name Title	Mailing Address: 11278 Los Alamitos Blvd #336 City Los Alamitos State: CA Zip: 90720 Telephone Number (800) 841 1021 FAX: (562 309 8096) E-Mail Address. nick@4climatepro com
Sowtec Air Company Name Name of Parent Company (if Applicable)	Georgen Rodriguez Attendee's Name Title	Mailing Address. PO Box 3225 City Santa Fe Springs State: CA Zip: 90670 Telephone Number (562 926 9488 FAX: ( ) E-Mail Address. georg@sowtecair.com
Bacco Mechanical INC Company Name Name of Parent Company (if Applicable)	James McGowan Attendee's Name Field Superintendant/ Corp. Secretary Title	Mailing Address 42913 Capital Dr. # 109 City Lancaster State: Ca. Zip 93535 Telephone Number (661) 940-4848 FAX: (661-940-7070 JEM@Baccomechanical.com E-Mail Address.
BARR ENGINEERING Company Name Name of Parent Company (if Applicable)	VICTOR ARREGUIN Attendee's Name Title	Mailing Address: 12612 Clark ST City: SANTA FE SPRINGS State: CA Zip: 90670 Telephone Number: (562) 944-1722 FAX: ( ) E-Mail Address: ~~Jr~~ Victor@BARREngineering.com

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Company Name: PRO STAR Name of Parent Company (if Applicable):	Attendee's Name: MARK MILLS Title:	Mailing Address: 1440 S. ST. COLLEGE City: ANAHEIM State: CA Zip: 92806 Telephone Number: (714) 999-1177 FAX: (714) 999 1255 E-Mail Address: PROSTARMECHANICAL.COM
Company Name: JayCee Mech Name of Parent Company (if Applicable):	Attendee's Name: John Cal Title:	Mailing Address: 11144 Balboa Blvd City: Granada Hills State: Ca Zip: 91344 Telephone Number: (800) 2833942 FAX: (661 250 3213 E-Mail Address: JohnC@JayCeesMech.com
Company Name: Manhattan Electric Name of Parent Company (if Applicable):	Attendee's Name: N. Olson Title: [illegible]electric.net	Mailing Address: 2319 Honolulu Ave City: La Crescenta State: Ca Zip: 91214 Telephone Number: 818 248-2665 FAX: (818-248-2666 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:
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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ACTION DUCT Cleaning Company Name Name of Parent Company (if Applicable)	MARK WADDELL Attendee's Name ESTIMATOR Title	Mailing Address: 787 W WOODBURY RD STE 2 City: ALTADENA State: CA Zip: 91001 Telephone Number (800 371- 2291 FAX: (626 791 7867) E-Mail Address. MARK@ACTIONDUCT.com
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:
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.