

PROPOSERS' CONFERENCE
AS-NEEDED UNDERGROUND STORAGE TANK DESIGNATED OPERATOR SERVICES
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
MONDAY AUGUST 3 2015, AT 10:00 A.M., CONFERENCE ROOM D

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>Kellogg Construction</u> Company Name	<u>Jack Merdian</u> Attendee's Name <u>Manager</u> Title	Mailing Address: <u>3755 W. Bethesda</u> City: <u>Fresno</u> State: <u>CA</u> Zip: <u>93722</u> Telephone Number: <u>(557) 271-3300</u> FAX: <u>(557) 277-0055</u> E-Mail Address: <u>W.W.M. Bumer CC.com</u>
<u>Encon Technologies Inc</u> Company Name	<u>Andrea Johnson</u> Attendee's Name <u>Act. Sales & Mktg</u> Title	Mailing Address: <u>12145 Morn Dr. Unit 7</u> City: <u>Santa Springs</u> State: <u>CA</u> Zip: <u>90760</u> Telephone Number: <u>(562) 777-0300</u> FAX: <u>(562) 777-0301</u> E-Mail Address: <u>ajohnson@encontech.net</u>
<u>Confidencelist Services, Inc.</u> Company Name	<u>Athena Riccimin</u> Attendee's Name <u>Chief Designated Operator</u> Title	Mailing Address: <u>10250 Meacham Rd.</u> City: <u>Palestine</u> State: <u>CA</u> Zip: <u>93314</u> Telephone Number: <u>(800) 339-9930</u> FAX: <u>()</u> E-Mail Address: <u>Athena@ustservices.com</u>
<u>Belshire Env. Services</u> Company Name	<u>Cara Madden</u> Attendee's Name <u>Project Manager</u> Title	Mailing Address: <u>25971 Towne Centre Dr</u> City: <u>East Hill Ranch</u> State: <u>CA</u> Zip: <u>92610</u> Telephone Number: <u>(949) 460 5200</u> FAX: <u>(949) 460 5210</u> E-Mail Address: <u>glenn@belshire.com</u>
<u>Fleming Environmental</u> Company Name	<u>Patty Fleming</u> Attendee's Name <u>Project Coordinator</u> Title	Mailing Address: <u>13712 E. Valencia Dr.</u> City: <u>Fallbrook</u> State: <u>CA</u> Zip: <u>91831</u> Telephone Number: <u>714 871-2800</u> FAX: <u>714 871-2801</u> E-Mail Address: <u>P.Fleming@FlemingEnvironmental.com</u>

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
Andersen Environmental Company Name	Mauricio Jaramillo Attendee's Name Project Manager Title	Mailing Address: Mjaramillo@andersenenviro.com City: LA State: CA Zip: 90045 Telephone Number: (310) 864-6300 FAX: (310) 854-0199 E-Mail Address: _____
Andersen Environmental Company Name	Mauricio Jaramillo Attendee's Name Project Manager Title	Mailing Address: 5261 W Imperial Hwy City: Los Angeles State: CA Zip: 90045 Telephone Number: (310) 854-8300 FAX: (310) 854-0199 E-Mail Address: mjaramillo@andersenenviro.com
_____ Company Name	_____ Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FAX: () E-Mail Address: _____
_____ Name of Parent Company (if Applicable)	_____ Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FAX: () E-Mail Address: _____
_____ Company Name	_____ Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FAX: () E-Mail Address: _____
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<u>A.C.E.S. INC.</u> <small>Company Name</small>	<u>JOHN MABAB DOUST</u> <small>Attendee's Name</small> <u>Project Manager.</u> <small>Title</small>	Mailing Address: <u>2034 CORNER AVE, STE 408</u> City: <u>LOS ANGELES</u> State: <u>CA</u> Zip: <u>90025</u> Telephone Number: <u>(310) 479 7183</u> FAX: <u>310, 479 1286</u> E-Mail Address: <u>jdoust@acesengineering.com</u>
<u>Baseline Enterprises</u> <u>the Central Coast Tank Testing</u> <small>Company Name</small>	<u>Robert Hankerson</u> <small>Attendee's Name</small> <u>POSC</u> <small>Title</small>	Mailing Address: <u>P.O. Box 2155</u> City: <u>Santa Barbara</u> State: <u>CA</u> Zip: <u>93120</u> Telephone Number: <u>(805) 687-6440</u> FAX: <u>()</u> E-Mail Address: <u>rh hankerson@cox.net</u>
<small>Name of Parent Company (if Applicable)</small> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	 <small>Attendee's Name</small> <small>Title</small> <small>Attendee's Name</small> <small>Title</small> <small>Attendee's Name</small> <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FAX: () E-Mail Address: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FAX: () E-Mail Address: _____

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Hennig Environmental</u> Company Name Name of Parent Company (if Applicable)	<u>Patty Hennig</u> Attendee's Name <u>Project Coordinator</u> Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>Andersen Environmental</u> Company Name Name of Parent Company (if Applicable)	<u>Mauricio Jaramila</u> Attendee's Name <u>Project Manager</u> Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____
<u>Environ Technologies</u> Company Name Name of Parent Company (if Applicable)	<u>Andrew Johnson</u> Attendee's Name <u>Acct Sales & Mktg</u> 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: _____

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<u>Belsville Env. Services</u> Company Name	<u>Glenn Wadsworth</u> Attendee's Name <u>President</u> Title	Mailing Address: <u>25971 Towne Center Dr</u> City: <u>Fontwell Ranch</u> State: <u>CA</u> Zip: <u>92708</u> Telephone Number: <u>949, 4605200</u> FAX: <u>949,</u> E-Mail Address: _____
<u>Ennea Construction</u> Company Name	<u>Jaakle Mendez</u> Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
<u>Baseline Enterprises</u> <u>Central Coast Tank Testing</u> Company Name	<u>Robert H. Henderson</u> Attendee's Name Title	Mailing Address: <u>P.O. Box 2155</u> City: <u>San Barbara</u> State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
Name of Parent Company (if Applicable) _____ Company Name	Attendee's Name _____ Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
Name of Parent Company (if Applicable) _____ Company Name	Attendee's Name _____ Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
Name of Parent Company (if Applicable) _____ Company Name	Attendee's Name _____ Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____

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<u>Confidential Services, Inc.</u> <small>Company Name</small>	<u>Catherine Ricciomini</u> <small>Attendee's Name</small>	Mailing Address: <u>10250 Meadham Rd</u> City: <u>Bakersfield</u> State: <u>CA</u> Zip: <u>93314</u> Telephone Number: <u>805-339-5930</u> E-Mail Address: <u>Catherine@ustservices.com</u>
<u>ACCESS INC</u> <small>Company Name</small>	<u>John Madad Dost</u> <small>Attendee's Name</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
_____ <small>Company Name</small>	_____ <small>Attendee's Name</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
_____ <small>Company Name</small>	_____ <small>Attendee's Name</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
_____ <small>Company Name</small>	_____ <small>Attendee's Name</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____