PROPOSERS' CONFERENCE

AS-NEEDED SOLID WASTE AND FRANCHISE FEES VERIFICATION SERVICES (2015-AN021) WEDNESDAY, SEPTEMBER 16, 2015 AT 2:00P.M., CONFERENCE ROOM D LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS

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Please print clearly and leave your business card.

REPRINTED NUMBER (THE HIT - COTO FAX. ()) ha	
Attendee's Name Ricitally Living City: The Viva State: CV2 210: 12-615	Attendee's Name 21 C1+ A(1) Loving	Company Name
>	The state of the s	ク まくじ ご キマ・ハ ワアー
Mailing Address: Bol Dupon + Dr. 1 200	500	Danis From Lie
		Name of Falent Company (II Opplicable)
E-Mail Address: () (COV & DAS . Co. 5	Cono Casi I waster	Otro (Company)
Telephone Number: (D) 860-777/FAX: ()	クションはササ	
City A in Property States 1 Apr 11 and 1	Attendee's Name	Company Name
(A 211/A		10th 1000 DEV
Mailing Address: 1360 Valley Vista Dolor	Coran A Cross	_
E-Mail Address Love CANAM - CONAM - CO	Inte	Name of Parent Company (if Applicable)
doub a market and the state of	5/52/07W1	SIMPLINEMOS COMPA
Telephone Number: 951,694-400 FAX: 951,694-9001	Y SILL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City: 1 & Macula State: CV Zip: 97591	Attendee's Name	Company Name
Mailing Address: 1. 7.7 ME = 1.7. 3	David Daviv	INSC CONSULTANTA
97292 Y.D. R. #759	7	5 1 2 0
E-Mail Address: 14 to C Sloan 42 QLE 2, Com	Title	Name of Parent Company (if Applicable)
Telephone Number (Sec.)	している	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1)	
City: I Ruine State: CA Zip: 726/1	Attendee's Name	Company Name
OB OKADELIC (11	ENCION VAZOUEZ	V On Marson 110
E-Mail Address: MC4PUSS(NCSC6) COM	Title	Name of Parent Company (if Applicable)
	COROLL MY	大心
16-635 26		$\mathcal{L}_{\mathcal{L}}$
City: LA Zip: MUSA	Attendee's Name	Company Name
Mailing Address: 627 S. MISNUMD BUR	Mark Alner	N
MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS	NAME OF PERSON ATTENDING	COMPANY NAME

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
CREET) MEDIA CREATURS	RAMANOU SACAS	Mailing Address: 2607 W. MAGNOWA PLVD
CAPPLINIK CONSULTING	UCLON Segment of the Company of the	Telephone Number: (626) 320 - 870 FAX: ()
Name of Parent Company (If Applicable)	lite	E-Mail Address.
MASQUET & COMPANY LLY Company Name	Attendee's Name	Mailing Address: BOI S GRAND AUB \$40017 City: LA State: C4 Zip: 40017
DALAGO NIMO	non	January (217) 873-176
		Mailing Address:
Company Name	Attendee's Name	City: State: Zip: 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:
		Mailing Address:
Company Name	Attendee's Name	City: State: Zip:
Name of Parent Company (if Applicable)	Title	E-Mail Address: