

PROPOSERS' CONFERENCE

MAINTENANCE PROGRAM FOR NONADVERTISING BUS STOP AMENITIES – SOUTH COUNTY (2008-PA034) LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS WEDNESDAY, JUNE 25, 2008, AT 2 P.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>SHEETER CLEAN, INC.</u> Company Name	<u>ALAN MUDGE</u> Attendee's Name	Mailing Address: <u>2514 N. NAWA ST</u> City: <u>Burbank</u> State: <u>CA</u> Zip: <u>91504</u> Telephone Number: <u>818 846-1300</u> FAX: <u>818 846-3242</u> E-Mail Address: <u>AMUDGE@SHEETERCLEAN.COM</u>
<u>COASTLINE</u> Company Name	<u>MICHAEL CORBIN</u> Attendee's Name	Mailing Address: <u>17800 S. MAIN ST # 203</u> City: <u>CARPENA</u> State: <u>CA</u> Zip: <u>90242</u> Telephone Number: <u>(310) 851-9292</u> FAX: <u>310 851-9255</u> E-Mail Address: _____
<u>BrightDien Corp.</u> Company Name	<u>Tony Pernice</u> Attendee's Name	Mailing Address: <u>Argandier Corp @ Venizol. net</u> City: <u>Cheremont</u> State: <u>CA</u> Zip: <u>91711</u> Telephone Number: <u>(951) 805-3005</u> FAX: <u>(909) 628-3127</u> E-Mail Address: <u>915 W. FOOTHILL BL</u>
<u>Coastline</u> Company Name	<u>Michael Collier</u> Attendee's Name	Mailing Address: <u>PO Box 1127</u> City: <u>Carson</u> State: <u>CA</u> Zip: <u>90744</u> Telephone Number: <u>(310) 887-9292</u> FAX: <u>(310) 887-9255</u> E-Mail Address: <u>McCollier@Coastline.net</u>
<u>SHEETER CLEAN</u> Company Name	<u>Rafael Mendez</u> Attendee's Name	Mailing Address: <u>2514 N. NAWA ST</u> City: <u>BURBANK</u> State: <u>CA</u> Zip: <u>91504</u> Telephone Number: <u>(818) 846-1300</u> FAX: _____ E-Mail Address: <u>rmendez@sheeterclean.com</u>
<u>SHEETER CLEAN</u> Company Name	<u>OPERATIONS MANAGER</u> Attendee's Name	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>ShelterCLEAN, Inc</u> Company Name _____ Name of Parent Company (if Applicable)	<u>Ramela Garvin</u> Attendee's Name <u>Controller</u> Title	Mailing Address: <u>2514 N. Naam, St</u> City: <u>Burbank</u> State: <u>CA</u> Zip: <u>91504</u> Telephone Number: <u>818 846 1300</u> FAX: <u>818 846 3242</u> E-Mail Address: <u>pgarvin@shelterclean.com</u>
<u>Shelter Clean, Inc</u> Company Name _____ Name of Parent Company (if Applicable)	<u>Claudia Soltero</u> Attendee's Name <u>Administrator</u> Title	Mailing Address: <u>2475 Lemmon Ave</u> City: <u>Signal Hill</u> State: <u>CA</u> Zip: <u>90755</u> Telephone Number: <u>562 595-6666</u> FAX: <u>562 595-6194</u> E-Mail Address: <u>Csoltero@shelterclean.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: _____
_____ Company Name _____ Name of Parent Company (if Applicable)	_____ Attendee's Name _____ Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____