

PROPOSERS' CONFERENCE
AS-NEEDED TREE TRIMMING AND RELATED WORK PROGRAM (2017-AN005)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
MONDAY, AUGUST 14, 2017, AT 9:30 A.M. CONFERENCE ROOM B

Please print clearly and leave your business card.

Page 1 of 3

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>United Pacific Services</u> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	 <small>Attendee's Name</small> <u>President</u> <small>Title</small> <u>GUS FRANKLIN</u>	Mailing Address: <u>5529 Leeds Street</u> City: <u>SOUTH GATE</u> State: <u>CA</u> Zip: <u>90280</u> Telephone Number: <u>(562) 691-4600</u> FAX: <u>(562) 691-8839</u> E-Mail Address: <u>GUS@UNITEDPAC.COM</u>
<u>West Coast Arborists</u> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	<u>Nick Alago</u> <small>Attendee's Name</small> <u>Regional Manager</u> <small>Title</small>	Mailing Address: <u>2200 E. Via Burton</u> City: <u>Anaheim</u> State: <u>CA</u> Zip: <u>92806</u> Telephone Number: <u>(714) 991-1900</u> FAX: <u>()</u> E-Mail Address: <u>NAlago@WCAINC.COM</u>
<u>CALIFORNIA ARBOR AND</u> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	<u>JUAN A. ALFARO</u> <small>Attendee's Name</small> <small>Title</small>	Mailing Address: <u>3770 S. GRAND BL POMONA</u> City: <u>POMONA</u> State: <u>CA</u> Zip: <u></u> Telephone Number: <u>(909) 590-4100</u> FAX: <u>(909) 590-4105</u> E-Mail Address: <u>CALARBOR.COM</u>
<u>Andre Landscape Service</u> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	<u>Ansel Cabral</u> <small>Attendee's Name</small> <small>Title</small>	Mailing Address: <u>521 N. Virginia Ave</u> City: <u>Azusa</u> State: <u>CA</u> Zip: <u>91702</u> Telephone Number: <u>(626) 373-0049</u> FAX: <u>()</u> E-Mail Address: <u>acabral@andrelandscape.com</u>
<u>MARIPOSA LANDSCAPES INC.</u> <small>Company Name</small> <small>Name of Parent Company (if Applicable)</small>	<u>DENNIS Jones</u> <small>Attendee's Name</small> <u>1</u> <small>Title</small>	Mailing Address: <u>15509 Arrow Hwy</u> City: <u>IRVINDALE</u> State: <u>CA</u> Zip: <u>91706</u> Telephone Number: <u>(626) 960 0000</u> FAX: <u>(626) 960 8477</u> E-Mail Address: <u>DENNIS@MARIPOSA-CA.COM</u>

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Tree Pros Inc</u> Company Name Name of Parent Company (if Applicable)	<u>George Olekszak</u> Attendee's Name <u>J.P</u> Title	Mailing Address: <u>P.O. Box 1066</u> City: <u>Chino</u> State: <u>CA</u> Zip: <u>91710</u> Telephone Number: <u>(909) 548-0033</u> FAX: <u>(909) 606-2107</u> E-Mail Address: <u>george@treepros.com</u>
<u>A PLUS</u> Company Name Name of Parent Company (if Applicable)	<u>GULLIVER ERICKSON</u> Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: <u>(626) 533-8055</u> FAX: () E-Mail Address: <u>ERICKSON@APLUS.COM</u>
<u>A Plus</u> Company Name Name of Parent Company (if Applicable)	<u>A.J Valencia</u> Attendee's Name Title	Mailing Address: <u>1900 Bates Ave. Suite L</u> City: <u>Concord</u> State: <u>CA</u> Zip: <u>94520</u> Telephone Number: <u>(916) 736-7243</u> FAX: () E-Mail Address: <u>ajvalencia@aplustree.com</u>
<u>International Environmental Corp</u> Company Name Name of Parent Company (if Applicable)	<u>Jorge Sandoval</u> Attendee's Name <u>Contract Manager</u> Title	Mailing Address: <u>PO Box 4218</u> City: <u>Panorama City</u> State: <u>CA</u> Zip: <u>91412</u> Telephone Number: <u>(818) 292-9341</u> FAX: <u>(818) 997-0938</u> E-Mail Address: <u>irc@iectrees.com</u>
<u>Golden West Arbor Services</u> Company Name Name of Parent Company (if Applicable)	<u>Ruth Dulgado</u> Attendee's Name <u>Asst. office Manager</u> Title	Mailing Address: <u>1568 E Grand Ave</u> City: <u>Pomona</u> State: <u>CA</u> Zip: <u>91766</u> Telephone Number: <u>(909) 623-8226</u> FAX: <u>(909) 623-8227</u> E-Mail Address: <u>Sales@goldenwestarborservices.com</u> <u>Ruth@goldenwestarborservices.com</u>

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<u>Davey Tree Surgery co</u> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<u>LUIS Miramontes</u> <small>Attendee's Name</small> <hr/> <small>Title</small>	Mailing Address: <u>2617 S. Vasco Rd</u> City: <u>Livermore</u> State: <u>CA</u> Zip: <u>94550</u> Telephone Number: <u>(213) 3058586</u> FAX: <u>(925) 4431751</u> E-Mail Address: <u>luis.miramontes20@Davey.com</u>
<u>Oakridge Landscape Inc</u> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<u>JUAN AMBRIZ</u> <small>Attendee's Name</small> <hr/> <small>Title</small>	Mailing Address: <u>28064 Avenue Stanford #1</u> City: <u>Valencia</u> State: <u>CA</u> Zip: <u>91355</u> Telephone Number: <u>(661) 2957228</u> FAX: <u>(661) 7050464</u> E-Mail Address: <u>JUAN@OAKridgeLandscape.net</u>
<u>Oakridge Landscape Inc</u> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<u>Andres Garcia</u> <small>Attendee's Name</small> <hr/> <small>Title</small>	Mailing Address: <u>28064 Avenue Stanford #1</u> City: <u>Valencia</u> State: <u>CA</u> Zip: <u>91355</u> Telephone Number: <u>(661) 2957228</u> FAX: <u>(661) 7050464</u> E-Mail Address: _____
<hr/> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<hr/> <small>Attendee's Name</small> <hr/> <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FAX: () E-Mail Address: _____
<hr/> <small>Company Name</small> <hr/> <small>Name of Parent Company (if Applicable)</small>	<hr/> <small>Attendee's Name</small> <hr/> <small>Title</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () FAX: () E-Mail Address: _____