

**PROPOSERS' CONFERENCE**  
**AS-NEEDED VEHICLE AND EQUIPMENT REPAIR AND TOWING SERVICES PROGRAM (2009-AN013)**  
**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS**  
**(TUESDAY, JUNE 23, 2009), AT 9 A.M., TREE CREW CONFERENCE ROOM**

Please print clearly and leave your business card.

Page 1 of 2

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>FREDDIE MAC'S INC</u> Company Name  Name of Parent Company (if Applicable)	<u>JEFFREY EHMEATH</u> Attendee's Name  <u>DRIVER MANAGER</u> Title	Mailing Address: <u>2740 N. BRUIN AVE</u> City: <u>S. EL MONTE</u> State: <u>CA</u> Zip: <u>91733</u> Telephone Number: <u>(626) 443-4141</u> FAX: <u>(626) 444 16704</u> E-Mail Address: <u>JEFFREY@FREDDIEWHCSIN.COM</u>
<u>Calif. Clutch + Gear</u> Company Name  <u>NA</u> Name of Parent Company (if Applicable)	<u>Nancy Van Goethen</u> Attendee's Name  <u>owner</u> Title	Mailing Address: <u>14021 Dinard Ave</u> City: <u>Santa Fe Springs</u> State: <u>CA</u> Zip: <u>90670</u> Telephone Number: <u>714 920 4821</u> FAX: <u>714 375 5635</u> E-Mail Address: <u>calclutch@gmail.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: _____
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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Thorson Motor Center</u> Company Name  Name of Parent Company (if Applicable)	<u>Vincent Carpenter</u> Attendee's Name  <u>SERVICE ADVISOR</u> Title	Mailing Address: <u>3456 E. Colorado Blvd</u> City: <u>Pasadena</u> State: <u>CA</u> Zip: <u>91107</u> Telephone Number: <u>(626) 795-8857</u> FAX: <u>(626) 796-8856</u> E-Mail Address: <u>8933</u>
<u>ECL BUTTS Ford</u> Company Name  Name of Parent Company (if Applicable)	<u>Daniel Garcia</u> Attendee's Name  <u>Parts &amp; Service Director</u> Title	Mailing Address: <u>1515 N Hacienda Blvd</u> City: <u>LA Puente</u> State: <u>CA</u> Zip: <u>91744</u> Telephone Number: <u>(626) 918-3673</u> FAX: <u>(626) 214-1532</u> E-Mail Address: <u>dgarcia@eclbuttsford.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: _____
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