

PROPOSERS' CONFERENCE
Inventory Services (2008-AN053)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
Tuesday, December 16, 2008, at 10:00 a.m. Conference Room C

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>Ocean Interface Co., Inc.</u> Company Name	<u>David Spencer</u> Attendee's Name _____ Title	Mailing Address: <u>20545 Paseo Del Prado</u> City: <u>Wahut</u> State: <u>CA</u> Zip: <u>91189-2793</u> Telephone Number: <u>(909) 595-1212</u> FAX: <u>(909) 595-9683</u> E-Mail Address: <u>David@oceanusa.com</u>
<u>Comp U Count Inventory</u> Company Name	<u>James Holmquist</u> Attendee's Name <u>General</u> Title	Mailing Address: <u>8949 Reseda Blvd #222</u> City: <u>Northridge</u> State: <u>CA</u> Zip: <u>91324</u> Telephone Number: <u>(818) 701-0902</u> FAX: <u>(818) 701-0904</u> E-Mail Address: <u>JHolmquist@social.rp.com</u>
<u>American Appraisal</u> Company Name	<u>Juan Iverson</u> Attendee's Name <u>Managing Director</u> Title	Mailing Address: <u>11835 W. Olympic Blvd #1050</u> City: <u>Los Angeles</u> State: <u>CA</u> Zip: <u>90064</u> Telephone Number: <u>(310) 312-8002</u> FAX: <u>(310) 312-8058</u> E-Mail Address: <u>Jiverson@american-appraisal.com</u>
_____ Company Name	_____ 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
Muscolino Inventory Company Name PICS Name of Parent Company (if Applicable)	Gray Rentschler Attendee's Name ops. Support Mgr. Title	Mailing Address: City: State: Zip: Telephone Number: () FAX: () E-Mail Address:
CBIZ MHM Company Name CBIZ VALUATION Name of Parent Company (if Applicable)	THOMAS ORNELAS Attendee's Name SENIOR ASSOCIATE Title	Mailing Address: 2301 DUPONT DRIVE, SUITE 200 City: IRVINE State: CA Zip: 92612 Telephone Number: (949) 494-2020 FAX: (949) 263-5520 E-Mail Address: tornelas@cbiz.com
NRS, INC. Company Name N/A Name of Parent Company (if Applicable)	Gina Weiser Attendee's Name GSA Sales Manager Title	Mailing Address: 2671 Armona Blvd. City: Pomona State: CA Zip: 91768 Telephone Number: (909) 869-5748 FAX: (909) 869-7548 E-Mail Address: gweiser@nrsc.com
COMP-U-COUNT Inventory Company Name Name of Parent Company (if Applicable)	DAVID S. REINER Attendee's Name PARTNER Title	Mailing Address: 8949 RESEDA BLVD #222 City: NORTH RIDGE State: CA Zip: 93225 Telephone Number: (888) 268 6848 FAX: (818) 701 0904 E-Mail Address: DREINER2@SBCGLOBAL.NET
REINER G.M. ROSAS CPA Company Name Name of Parent Company (if Applicable)	Partner Attendee's Name Title	Mailing Address: 300 N. Lake St #320 City: Reseda State: CA Zip: 91110 Telephone Number: (661) 577-8709 FAX: (661) 577-9559 E-Mail Address: GMRosas@GMRosas.com

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American Appraisal Company Name	Earl Criddle Attendee's Name Manager Title	Mailing Address: 11835 W Olympic Blvd #10500 City: LA State: CA Zip: 90064 Telephone Number: (310) 312-8050 FAX: (310) 312-8058 E-Mail Address: ecriddle@american-appraisal.co
Name of Parent Company (if Applicable)		
Company Name	Attendee's Name	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () () FAX: () () E-Mail Address: _____
Name of Parent Company (if Applicable)	Title	
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