

PROPOSERS' CONFERENCE
AS-NEEDED EXPLORATORY SUBSURFACE EXCAVATIONS SERVICES (2012-AN005)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
WEDNESDAY, JUNE 13, 2012 AT 9 A.M., CONFERENCE ROOM C

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>C.A.F.R. DIG</u> Company Name	<u>ETHEL COX</u> Attendee's Name <u>FORMAN</u> Title	Mailing Address: <u>1416 E BURNETT UNIT 14</u> City: <u>SIGNAL HILL</u> State: <u>CA</u> Zip: <u>90755</u> Telephone Number: <u>(562) 595 0596</u> FAX: <u>(562) 595 6597</u> E-Mail Address: _____
<u>Enterprise Construction</u> Company Name	<u>ANDY GUATEMI</u> Attendee's Name <u>PM</u> Title	Mailing Address: <u>28436 Roadside Dr. #1</u> City: <u>Agoura Hills</u> State: <u>CA</u> Zip: <u>91301</u> Telephone Number: <u>(818) 879-5222</u> FAX: <u>(818) 879-9412</u> E-Mail Address: <u>info@enterpriseconst.com</u>
<u>EXARO Technologies Corp.</u> Company Name	<u>Hector Dominguez</u> Attendee's Name <u>President</u> Title	Mailing Address: <u>1520 1831 Bayshore Hwy</u> City: <u>Burlingame</u> State: <u>CA</u> Zip: <u>94010</u> Telephone Number: <u>(650) 777-4324</u> FAX: <u>(650) 777-4326</u> E-Mail Address: <u>hd@exarotec.com</u>
<u>C Below</u> Company Name	<u>Nick Loera</u> Attendee's Name <u>Business Development Manager</u> Title	Mailing Address: <u>14280 Euclid Ave</u> City: <u>Chino</u> State: <u>CA</u> Zip: <u>91710</u> Telephone Number: <u>888-90-Below</u> FAX: () E-Mail Address: <u>Nick@C.Below.net</u>
<u>West Coast Storm</u> Company Name	<u>Justin Welham</u> Attendee's Name <u>Project Manager</u> Title	Mailing Address: <u>1188 Leister Drive</u> City: <u>Rialto</u> State: <u>CA</u> Zip: <u>92376</u> Telephone Number: <u>(909) 578-8376</u> FAX: <u>(909) 421-7700</u> E-Mail Address: <u>jwelham@wcstorm.net</u>

PROPOSERS' CONFERENCE

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Badger</u> Company Name	<u>Scott Wenzel</u> Attendee's Name <u>Area Manager</u> Title	Mailing Address: <u>P.O. Box 131263</u> City: <u>Carlsbad</u> State: <u>CA</u> Zip: <u>92013</u> Telephone Number: <u>619 207 8415</u> FAX: () E-Mail Address: <u>S.wenzel@badger-corp.com</u>
<u>Badger</u> Company Name	<u>Bob LaVigne</u> Attendee's Name <u>Business mgr.</u> Title	Mailing Address: <u>1754C Oceanside Blvd. #195</u> City: <u>Oceanside</u> State: <u>CA</u> Zip: <u>92054</u> Telephone Number: <u>714 975-3791</u> FAX: () E-Mail Address: <u>blavigne@badger-corp.com</u>
<u> </u> Company Name	<u> </u> Attendee's Name <u> </u> Title	Mailing Address: <u> </u> City: <u> </u> State: <u> </u> Zip: <u> </u> Telephone Number: () <u> </u> FAX: () E-Mail Address: <u> </u>
<u> </u> Company Name	<u> </u> Attendee's Name <u> </u> Title	Mailing Address: <u> </u> City: <u> </u> State: <u> </u> Zip: <u> </u> Telephone Number: () <u> </u> FAX: () E-Mail Address: <u> </u>
<u> </u> Company Name	<u> </u> Attendee's Name <u> </u> Title	Mailing Address: <u> </u> City: <u> </u> State: <u> </u> Zip: <u> </u> Telephone Number: () <u> </u> FAX: () E-Mail Address: <u> </u>

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Minaro America Corporation</u> Company Name <u>DBA. Minco Construction</u> Name of Parent Company (if Applicable)	<u>Bishari Bastawros</u> Attendee's Name <u>Chief Accountant</u> Title	Mailing Address: <u>522 E. Airline Way,</u> City: <u>Gardena</u> State: <u>CA</u> Zip: <u>90248</u> Telephone Number: <u>(310) 516-8100</u> FAX: <u>(310) 516-7404</u> E-Mail Address: <u>raffi.t@mincoconstruction.com</u>
<u>S&P-R. Di Utility Services Inc</u> Company Name Name of Parent Company (if Applicable)	<u>LENA L. M. CRACKEN (owner)</u> Attendee's Name <u>Corp Sec</u> Title	Mailing Address: <u>PO Box 1478</u> City: <u>Pha Desert</u> State: <u>CA</u> Zip: <u>92261</u> Telephone Number: <u>(760) 776-8277</u> FAX: <u>(760) 776-8278</u> E-Mail Address: <u>lcracken@sprrdi.com</u>
<u>C Below</u> Company Name Name of Parent Company (if Applicable)	<u>Tommy Wright</u> Attendee's Name <u>VP of Sales</u> Title	Mailing Address: <u>14280 Euclid Ave</u> City: <u>Cino</u> State: <u>CA</u> Zip: <u>91710</u> Telephone Number: <u>(888) 902-3569</u> FAX: <u>()</u> E-Mail Address: <u>tommyw@cbelow.net</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: _____