

**PROPOSERS' CONFERENCE**  
**SCRUBBER CONVERSION SERVICES (2017-AN010)**  
**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS**  
**WATERWORKS DISTRICT OFFICE, 260 EAST AVENUE K-8, LANCASTER, CA 93535**  
**THURSDAY, MAY 11, 2017 AT 1:30P.M., 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>Integrity Municipal Systems, LLC</u> Company Name	<u>Kingston Leung &amp; Roy C. Jain</u> Attendee's Name	Mailing Address: <u>13135 Danielson St. 204</u> City: <u>Downey</u> State: <u>CA</u> Zip: <u>92064</u> Telephone Number: <u>(858) 486-1620</u> FAX: <u>(858) 486-1659</u> E-Mail Address: <u>Kingston@integrityms.net</u>
<u>MISC. WATER</u> Company Name	<u>Chris McCombs</u> Attendee's Name	Mailing Address: <u>27101 Bunker St. B</u> City: <u>Ferris Leung</u> State: <u>CA</u> Zip: <u>92732</u> Telephone Number: <u>(949) 458-0585</u> FAX: <u>( ) 5500</u> E-Mail Address: <u>cmccombs@miscwater.com</u>
<u>DE NORA WATER TECH</u> Company Name	<u>EMILE MUSALLAM</u> Attendee's Name	Mailing Address: <u>3600 ADVANCE LANE</u> City: <u>COMPTON</u> State: <u>CA</u> Zip: <u>( )</u> Telephone Number: <u>(408) 309 1549</u> FAX: <u>( )</u> E-Mail Address: <u>emile.musallam@denora.com</u>
<u>Environmental Water Solatary</u> <u>Par-Air Fittation</u> <u>McKenna Engineering</u> Name of Parent Company (if Applicable)	<u>David Speer</u> Attendee's Name	Mailing Address: <u>1162 E Dominguez Street</u> City: <u>Ceres</u> State: <u>CA</u> Zip: <u>90746</u> Telephone Number: <u>(310) 667 4390</u> FAX: <u>(310) 667-4395</u> E-Mail Address: <u>dspeer@cevisinc.org</u>
Name of Parent Company (if Applicable)	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
LACO PUB WUP Company Name Name of Parent Company (if Applicable)	Terence Delaunay Attendee's Name Electro-Mechanic Working Systems Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (661) 480-8061 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: _____
_____ 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: _____