

TRASH-FREE CHANNEL SERVICES – EAST AND WEST AREAS (2012-AN034)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
WEDNESDAY, SEPTEMBER 19, 2012 AT 9:30 A.M.
LONGDEN YARD

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
Chrysalis Company Name	Sabrina Terzian Attendee's Name	Mailing Address: <u>522 S. Main St</u> City: <u>Los Angeles</u> State: <u>CA</u> Zip: <u>90013</u> Telephone Number: <u>(213) 806-10348</u> FAX: <u>()</u> E-Mail Address: <u>Sabrina.Terzian@changelives.org</u>
Name of Parent Company (if Applicable)	Account Manager Title	
<u>ORANGE LANDFILL</u> Company Name	<u>RICHARD DUNBAR</u> Attendee's Name	Mailing Address: <u>28064 AVENUE STANFORD, UNIT K</u> City: <u>VALERDA</u> State: <u>CA</u> Zip: <u>91355</u> Telephone Number: <u>(661) 295-7226</u> FAX: <u>()</u> E-Mail Address: <u>RDUNBAR@ORANGE-LANDFILL.COM</u>
Name of Parent Company (if Applicable)	<u>EC GENERAL MANAGER</u> Title	
<u>United Pacific Services</u> Company Name	<u>GUS K. FRANKLIN</u> Attendee's Name	Mailing Address: <u>170 E. La Habra Blvd, Ste. 107</u> City: <u>La Habra</u> State: <u>CA</u> Zip: <u>90631</u> Telephone Number: <u>(562) 691-4600 x225</u> FAX: <u>(562) 691-8339</u> E-Mail Address: <u>gus@unitedpac.com</u>
Name of Parent Company (if Applicable)	<u>President</u> Title	
<u>Chrysalis</u> Company Name	<u>MOLLY LARSON</u> Attendee's Name	Mailing Address: <u>522 S Main St</u> City: <u>Los Angeles</u> State: <u>CA</u> Zip: <u>90013</u> Telephone Number: <u>(213) 906-6340</u> FAX: <u>(213) 755-7653</u> E-Mail Address: <u>Molly.Larson@changelives.org</u>
Name of Parent Company (if Applicable)	<u>Director of Operations</u> Title	
<u>Suretech Inc.</u> Company Name	<u>Alex Romo</u> Attendee's Name	Mailing Address: <u>12375 Mills Ave Unit 7</u> City: <u>Chino</u> State: <u>CA</u> Zip: <u>91710</u> Telephone Number: <u>(661) 937-5538</u> FAX: <u>()</u> E-Mail Address: <u>Dispatch@Suretech.com</u>
Name of Parent Company (if Applicable)	<u>Dispatch Supervisor</u> Title	

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ALLIANCE LANDCON Company Name	BRAD KAISER Attendee's Name	Mailing Address: 90 Box 746 City: CHICO State: CA Zip: 91708 Telephone Number: (909) 591-3333 FAX: (909) 590-4165 E-Mail Address:
INTERIM RENOVATION SPECIALIST JV Company Name	RICHARD LUOT Attendee's Name	Mailing Address: 9309 Rayo Ave City: SOUTH GATE State: CA Zip: 90280 Telephone Number: (323) 357-6903 FAX: (323) 357-9900 E-Mail Address: richard@interimreno.com
Republic/Consolidated Company Name	Kyle Johnson Edward Antolin, Jim R Attendee's Name	Mailing Address: 12994 Telegraph Rd City: 91015 Santa Fe Springs State: CA Zip: 90670 Telephone Number: (818) 277-8554 FAX: (866) 926-5795 E-Mail Address: eantolin@republicservices.com
INTERNATIONAL ENVIRONMENTAL CORPORATION Company Name	SAMUEL NAVA Attendee's Name	Mailing Address: P.O. Box 4218 City: PANAMA CITY State: CA Zip: 91412 Telephone Number: (818) 892-9341 FAX: (818) 997-0938 E-Mail Address: snava@iectrees.com
BRANWORTH CONSTRUCTION Company Name	John Branworth Attendee's Name	Mailing Address: 10722 Arrow Rd #010 City: Rancho Dominguez State: CA Zip: 91730 Telephone Number: (909) 481-6135 FAX: (909) 481-6135 E-Mail Address: jbranworth@branworthconstruction.com

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Waste Management</u> Company Name Name of Parent Company (if Applicable)	<u>[Signature]</u> Attendee's Name Title	Mailing Address: <u>10000 Wilshire Blvd</u> City: <u>Los Angeles</u> State: <u>CA</u> Zip: <u>90024</u> Telephone Number: <u>(310) 390-1000</u> FAX: <u>(310) 390-1000</u> E-Mail Address: <u>longden@waste.com</u>
<u>United Pacific Services</u> Company Name Name of Parent Company (if Applicable)	<u>Leo Ramirez</u> Attendee's Name Supervisor Title	Mailing Address: <u>1200 E. LA HABRA BLVD Suite 107</u> City: <u>LA HABRA</u> State: <u>CA</u> Zip: <u>90631</u> Telephone Number: <u>(562) 691-4000</u> FAX: <u>(562) 691-8839</u> E-Mail Address: <u>gus@unitedpac.com</u>
<u>All-Pro Enterprises, Inc.</u> Company Name Name of Parent Company (if Applicable)	<u>Dane Tronson</u> Attendee's Name <u>Operations Mgr.</u> Title	Mailing Address: <u>P.O. Box 3116</u> City: <u>San Dimas</u> State: <u>CA</u> Zip: <u>91773</u> Telephone Number: <u>(909) 592-4747</u> FAX: <u>(909) 592-8456</u> E-Mail Address: <u>dane+@all-proent.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: _____
Company Name Name of Parent Company (if Applicable)	Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: () _____ FAX: () _____ E-Mail Address: _____