

**PROPOSERS' CONFERENCE**  
**BRIDGESTONE RUBBER DAM SYSTEM PRIMARY MAINTENANCE SERVICES (2008-AN045)**  
**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS**  
**(TUESDAY, DECEMBER 16, 2008), AT 9 A.M., CONFERENCE ROOM B**

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>PC FOSTER CORP.</u> Company Name Name of Parent Company (if Applicable)	<u>PATRICK A. BOUSE</u> Attendee's Name <u>PROJECT MANAGER</u> Title	Mailing Address: <u>264 CORPORATE TERRACE</u> City: <u>CORONA</u> State: <u>CA</u> Zip: _____ Telephone Number: <u>(909) 331-0167</u> FAX: ( ) _____ E-Mail Address: <u>PATRICK @ PC FOSTER . COM</u>
<u>Chowmeier Hydraulic Inc.</u> Company Name Name of Parent Company (if Applicable)	<u>Robert Eckman</u> Attendee's Name <u>Vice President</u> Title	Mailing Address: <u>PO Box 116</u> City: <u>FT Collins</u> State: <u>CO</u> Zip: <u>80517</u> Telephone Number: <u>(970) 518-4844</u> FAX: <u>(970) 518-4845</u> E-Mail Address: <u>rd@chowmeierhydraulic.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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<u>ATHOUSAND HILLS</u> Company Name	<u>JACK PARENT</u> Attendee's Name	Mailing Address: <u>103 S. BAYVIEW DRIVE</u> City: <u>PORT LUDLOW</u> State: <u>WA</u> Zip: <u>98365</u> Telephone Number: <u>(360) 437-9805</u> FAX: ( ) E-Mail Address: <u>J.PARENT (A) ATTHOUSANDHILLS.NET</u>
<u>DRHOFF INC</u> Company Name	<u>ROGER RYENSTON</u> Attendee's Name	Mailing Address: <u>9601 LOMIT CT #176</u> City: <u>ALTA LOMA</u> State: <u>CA</u> Zip: <u>91701</u> Telephone Number: <u>(909) 758-0970</u> FAX: ( ) E-Mail Address: <u>roger.bryenston@uschoice.net</u>
<u>GB COOKS INC</u> Company Name	<u>LARRY JERUJINS</u> Attendee's Name	Mailing Address: <u>580 E. FOOTHILL BLVD</u> City: <u>ATLANTA</u> State: <u>GA</u> Zip: <u>31702</u> Telephone Number: <u>(626) 969 2736</u> FAX: <u>(909) 969 7719</u> E-Mail Address: <u>CARLEGBCOOKS@AOL.COM</u>
Name of Parent Company (if Applicable) _____ Company Name	Attendee's Name _____ Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: ( ) FAX: ( ) E-Mail Address: _____
Name of Parent Company (if Applicable) _____ Company Name	Attendee's Name _____ Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: ( ) FAX: ( ) E-Mail Address: _____