

PROPOSERS' CONFERENCE
LANDSCAPE MAINTENANCE SERVICES FOR RIO HONDO AND SAN GABRIEL COASTAL BASIN SPREADING
GROUNDS (2008-PA011)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
MONDAY, JULY 21, 2008,
WALK-THROUGH

PLEASE PRINT CLEARLY AND LEAVE YOUR BUSINESS CARD Page 4 of 4

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
MARIPOSA Company Name Name of Parent Company (if Applicable)	Gabriel Cordova Attendee's Name Estimator Title	15529 AN RD W HUN Mailing Address: City: <u>Yuba</u> State: <u>CA</u> Zip: <u>97006</u> Telephone Number: <u>(626) 960-0116</u> FAX: <u>(626) 960-3809</u> E-Mail Address:
OAK SPRINGS Company Name Name of Parent Company (if Applicable)	JOSE L. ARELLANO Attendee's Name P.A. Title	PO. BOX 922906 Mailing Address: City: <u>LYNN</u> State: <u>CA</u> Zip: <u>91392</u> Telephone Number: <u>916 367-5832</u> FAX: <u>916 367-9199</u> E-Mail Address: <u>MC@OAKSPRINGS.COM</u>
ERACE LANDSCAPE Company Name Name of Parent Company (if Applicable)	BRUCE LEE Attendee's Name Field MANAGER Title	3580 WILSHIRE BL #1420 Mailing Address: City: <u>LA</u> State: <u>CA</u> Zip: <u>90010</u> Telephone Number: <u>213 386-2003</u> FAX: <u>(213) 386-2449</u> E-Mail Address: <u>2119</u>
SERCO ARTH/SCAPE Company Name Name of Parent Company (if Applicable)	JOSE CARRENNAS Attendee's Name Title	P.O. BOX 5640 Mailing Address: City: <u>SANTA MONICA</u> State: <u>CA</u> Zip: <u>90407</u> Telephone Number: <u>(310) 99</u> FAX: <u>()</u> E-Mail Address: <u>345-7245</u>

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>TRU BROWN LANDSCAPE</u> Company Name Name of Parent Company (if Applicable)	<u>ROBERT CLOSTER</u> Attendee's Name <u>ARETA MANABON</u> Title	Mailing Address: <u>1323 W. 130th STREET</u> City: <u>CARLEVA</u> State: <u>CA</u> Zip: <u>90247</u> Telephone Number: <u>(310) 354-1520</u> FAX: <u>(310) 323-4980</u> E-Mail Address: <u>ROBERT_CLOSTER@LANDSCAPE.COM</u>
<u>Accent Landscape</u> Company Name Name of Parent Company (if Applicable)	<u>John Mayetani</u> Attendee's Name <u>Supervisor</u> Title	Mailing Address: <u>15808 S. Broadway</u> City: <u>Carleva</u> State: <u>CA</u> Zip: <u>90248</u> Telephone Number: <u>(310) 324-1706</u> FAX: <u>()</u> E-Mail Address: <u>Robert@accentland.com</u>
<u>LNL CORP</u> Company Name Name of Parent Company (if Applicable)	<u>ALEK NIGAM</u> Attendee's Name <u>Pres</u> Title	Mailing Address: <u>2183 Fairview Road</u> City: <u>Costa Mesa</u> State: <u>CA</u> Zip: <u>92627</u> Telephone Number: <u>(949) 646 7441</u> FAX: <u>(949) 646. 1551</u> E-Mail Address: <u>ALANK@LNL-CORP.COM</u>
<u>Susan Horneclune</u> Company Name Name of Parent Company (if Applicable)	<u>Nancy CARD</u> Attendee's Name Title	Mailing Address: <u>903 PERKINS ST</u> City: <u>PICO RIVERA</u> State: <u>CA</u> Zip: <u>90660</u> Telephone Number: <u>(562) 8014722</u> FAX: <u>()</u> E-Mail Address: <u>()</u>

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Far East Landscape & Maintenance Inc. Company Name	William man Attendee's Name	Mailing Address: P.O. Box City: Mission Hills State: CA Zip: 91395 Telephone Number: 818, 402-8411 FAX: () E-Mail Address: Far East moon 1 @ yahoo.com.
United Recycle Services Company Name	Leo Romero Attendee's Name	Mailing Address: 120 E. LA HABRA BLVD Suite 105 City: LA HABRA State: CA Zip: 90631 Telephone Number: (562) 691-5400 FAX: (562) 691-8839 E-Mail Address: Gus @ unitedrec.com
Oakridge Landscape Company Name	Leslie Harbin Attendee's Name	Mailing Address: City: State: Zip: Telephone Number: () FAX: () E-Mail Address:
Bus. Dev. Company Name	Bus. Dev. Attendee's Name	Mailing Address: City: State: Zip: Telephone Number: () FAX: () E-Mail Address:
Steph B... Company Name	Steph B... 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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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<i>Celavert Landscapes</i> Company Name <i>MARC WENZEL</i> Name of Parent Company (if Applicable)	<i>Marc Wenzel</i> Attendee's Name Title	Mailing Address: <i>3214 CANTRELL RD</i> City: <i>STROUD CITY</i> State: <i>CA</i> Zip: <i>91601</i> Telephone Number: <i>(818) 722-8153</i> FAX: <i>(818) 769-9088</i> E-Mail Address: <i>WENZEL@mac.com</i>
 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: _____