

**PROPOSERS' CONFERENCE FOR
WILLOWBROOK, ET AL, DIAL-A-RIDE SERVICE (2017-PA001) AND KING MEDICAL CENTER AND
WILLOWBROOK SHUTTLE SERVICES (2017-PA002)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
Thursday, January 26, 2017, at 3:30 p.m., CONFERENCE ROOM D**

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>Parent Company (if Applicable)</u> <u>5400335</u> Company Name	<u>David Smith</u> Attendee's Name <u>Director</u> Title	Mailing Address: <u>405 W. Silver Eagle</u> City: <u>Los Angeles</u> State: <u>CA</u> Zip: <u>90010</u> Telephone Number: <u>323.314.8178</u> FAX: <u>1</u> E-Mail Address: <u>David.Smith@firstgroup.com</u>
<u>First Transit</u> Company Name <u>My Transportation</u> Name of Parent Company (if Applicable)	<u>David Smith</u> Attendee's Name <u>Stephen Allen</u> Title	Mailing Address: <u>280 Silver Eagle</u> City: <u>Laurelville</u> State: <u>CA</u> Zip: <u>95688</u> Telephone Number: <u>707.694.3932</u> FAX: <u>1</u> E-Mail Address: <u>David.A.Smith@firstgroup.com</u>
<u>Stephen Allen</u> Company Name <u>My Transportation</u> Name of Parent Company (if Applicable)	<u>Stephen Allen</u> Attendee's Name <u>General Manager</u> Title	Mailing Address: <u>7205 Riverside Ave</u> City: <u>Pasadena</u> State: <u>CA</u> Zip: <u>91103</u> Telephone Number: <u>914.719.1749</u> FAX: <u>1</u> E-Mail Address: <u>Stephen.Allen@mytransit.com</u>
<u>My Transportation</u> Company Name <u>Joe Escobedo</u> Name of Parent Company (if Applicable)	<u>Joe Escobedo</u> Attendee's Name <u>Service Resident</u> Title	Mailing Address: <u>41424 N. Whistling Straits Pk.</u> City: <u>Ann Arbor</u> State: <u>MI</u> Zip: <u>48106</u> Telephone Number: <u>(663) 340-3209</u> FAX: <u>1</u> E-Mail Address: <u>joe.escobedo@mytransit.com</u>
<u>My Transportation</u> Company Name <u>Joe Escobedo</u> Name of Parent Company (if Applicable)	<u>Joe Escobedo</u> Attendee's Name <u>Service Resident</u> Title	Mailing Address: <u>10950 S Central</u> City: <u>LA</u> State: <u>CA</u> Zip: <u>90059</u> Telephone Number: <u>(323) 5635639</u> FAX: <u>1</u> E-Mail Address: <u>Ted.Hill@mytransit.com</u>

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>Watts Labor & Supply Inc.</u> Company Name <u>Same</u> Name of Parent Company (if Applicable)	<u>Messelo Negash</u> Attendee's Name <u>VP/Executive Assurance M</u> Title	Mailing Address: <u>10950 S Central Ave</u> City: <u>Los Angeles</u> State: <u>CA</u> Zip: <u>90059</u> Telephone Number: <u>323-563-839</u> FAX: () E-Mail Address: <u>MesseloNegash@gmail.com</u>
<u>THORPE TRANSPORTATION</u> Company Name Name of Parent Company (if Applicable)	<u>THORPE BOEK</u> Attendee's Name <u>Director of Operations</u> Title	Mailing Address: <u>880 Fair St. B</u> City: <u>Bartlett</u> State: <u>CA</u> Zip: <u>90704</u> Telephone Number: <u>626-377-7176</u> FAX: () E-Mail Address: <u>thorpe@thorpe-transportation.com</u>
<u>SOUTHLAND TRANSIT</u> Company Name Name of Parent Company (if Applicable)	<u>DIANA DO</u> Attendee's Name <u>PROJECT MANAGER</u> Title	Mailing Address: <u>3650 ROCKWELL AVE</u> City: <u>EL MONTE</u> State: <u>CA</u> Zip: <u>91731</u> Telephone Number: <u>(626) 258-1310</u> FAX: () E-Mail Address: <u>DIANA.DO@SOUTHLANDTRANSIT.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: