

**PROPOSERS' CONFERENCE
(HEATING, VENTILATION, AND AIR CONDITIONING (HVAC) SERVICES AT PUBLIC WORKS HEADQUARTERS)
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
(WEDNESDAY, APRIL 17, 2013), AT 9:30A.M., CONFERENCE ROOM D**

Please print clearly and leave your business card.

COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
<u>KOS AIR COND INC.</u> Company Name Name of Parent Company (if Applicable)	<u>DANA KANAMBA</u> Attendee's Name <u>TECH.</u> Title	Mailing Address: <u>609 Yosemite Dr</u> City: <u>BUENA PARK</u> State: <u>CA</u> Zip: <u>91620</u> Telephone Number: <u>(714) 773-3916</u> FAX: <u>(714) 995-5160</u> E-Mail Address: <u>KANAMBA@YAHOO.COM</u>
<u>ALLISON MECHANICAL</u> Company Name Name of Parent Company (if Applicable)	<u>JOHN ROLO</u> Attendee's Name <u>PROJECT MANAGER</u> Title	Mailing Address: <u>INGLESSEX COURT</u> City: <u>REDLANDS</u> State: <u>CA</u> Zip: <u>92373</u> Telephone Number: <u>(714) 478-5633</u> FAX: <u>(714) 478-5637</u> E-Mail Address: <u>REBUTLER@ALLISON1.NET</u>
<u>COSOLIDATED MECH</u> Company Name Name of Parent Company (if Applicable)	<u>JOE ROBLEDO</u> Attendee's Name Title	Mailing Address: _____ City: <u>ALTADENA</u> State: <u>CA</u> Zip: <u>91001</u> Telephone Number: <u>(626) 390 4059</u> FAX: _____ E-Mail Address: _____
<u>Prostar Mechanical</u> Company Name Name of Parent Company (if Applicable)	<u>Roger Vargas</u> Attendee's Name <u>Project estimator</u> Title	Mailing Address: <u>Sales Prostar Mechanical.com</u> <u>1440 60 State College Blvd.</u> City: <u>ATLANTHAM CA</u> State: <u>CA</u> Zip: _____ Telephone Number: <u>(714) 999-1177</u> FAX: _____ E-Mail Address: <u>Estimating@ProstarMechanical.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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5 <u>DELTA REFRIGERATION INC</u> <small>Company Name</small>	<u>HENRY BADAL/CHRIS AYALA</u> <small>Attendee's Name</small> <u>MECHANICAL ESTIMATOR</u> <small>Title</small>	Mailing Address: <u>3679 SAN GABRIEL RIVER PARKWAY</u> City: <u>PICO RIVERA</u> State: <u>CA</u> Zip: <u>90660</u> Telephone Number: <u>(562) 692-7535</u> FAX: <u>(562) 692-7536</u> E-Mail Address: <u>HENRY@DELTA-REFRIGERATION.COM</u>
6 <u>WESTERN MECHANICAL INC.</u> <small>Company Name</small>	<u>JC CHAVER</u> <small>Attendee's Name</small> <u>REGIONAL MANAGER</u> <small>Title</small>	Mailing Address: <u>26382 RUTHER AVE.</u> City: <u>SANTA CRUZITA</u> State: <u>CA</u> Zip: <u>91350</u> Telephone Number: <u>(661) 251-0111</u> FAX: <u>(661) 251-0112</u> E-Mail Address: <u>JCHAVER@WESTMECHANICAL.COM</u>
7 <u>COEL MECHANICAL</u> <small>Company Name</small>	<u>RICHARD LEICHT</u> <small>Attendee's Name</small> <u>SERVICE SALES & MANAGEMENT</u> <small>Title</small>	Mailing Address: <u>1710 W 130TH STREET</u> City: <u>CARDENA</u> State: <u>CA</u> Zip: <u>90249</u> Telephone Number: <u>(310) 660-0090</u> FAX: <u>(310) 6436-1830</u> E-Mail Address: <u>rleicht@xcelmech.com</u>
8 <u>SOUTH COAST MECHANICAL</u> <small>Company Name</small>	<u>LOUIS SOTO</u> <small>Attendee's Name</small> <u>DIRECTOR BUSINESS DEVELOPMENT</u> <small>Title</small>	Mailing Address: <u>2283 VIA BURTON</u> City: <u>ANAHEIM</u> State: <u>CA</u> Zip: <u>92806</u> Telephone Number: <u>(562) 696-8459</u> FAX: <u>(714) 782-9691</u> E-Mail Address: <u>LSOTO@SCFacilityServices.com</u>
9 <u>JEI</u> <small>Company Name</small>	<u>KEVIN KEMPTON</u> <small>Attendee's Name</small> <u>ACCOUNT MGR</u> <small>Title</small>	Mailing Address: <u>17393 STANSON AVE</u> City: <u>WHITTIER</u> State: <u>CA</u> Zip: <u>91060</u> Telephone Number: <u>(562) 414-9715</u> FAX: () E-Mail Address: <u>Kevin.kempton@jei.com</u>

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
F.M. Thomas Air Conditioning <small>Company Name</small> N/A <small>Name of Parent Company (if Applicable)</small>	R.J. Miller <small>Attendee's Name</small> Account Manager <small>Title</small>	Mailing Address: 231 Gemini Ave. City: Brea State: CA Zip: 92821 Telephone Number: (714) 738-1062 FAX: (714) 738-0886 E-Mail Address: R.miller@frthomas.com
TRANE <small>Company Name</small> INGERSOLL RAND <small>Name of Parent Company (if Applicable)</small>	BRAD DONNELLY <small>Attendee's Name</small> Account Manager <small>Title</small>	Mailing Address: 17760 Rawland St. City: Industry State: CA Zip: 91748 Telephone Number: (926) 435 1119 FAX: (926) 913 7983 E-Mail Address: brad.donnelly@trane.com
SERVICE 1ST <small>Company Name</small>	ALFRED MOLINA <small>Attendee's Name</small> Division Manager <small>Title</small>	Mailing Address: 3805 Cadillac Ave # F 9 City: COSTA MESA State: CA Zip: 92605 Telephone Number: (714) 573-2225 FAX: (714) 573-2297 E-Mail Address: smolina@service-1st.com
SCM <small>Company Name</small>	KURTIS HARLEY <small>Attendee's Name</small> A.E. <small>Title</small>	Mailing Address: 2287 E. Via Britton City: Anaheim State: CA Zip: 92806 Telephone Number: (714) 782-7640 FAX: (714) 782-9641 E-Mail Address: kharley@scfamilyservices.com
FIX MY AC <small>Company Name</small>	Aji Wingenarten <small>Attendee's Name</small>	Mailing Address: 2967 MICHELSON DR. # G118 City: IRVINE State: CA Zip: 92612 Telephone Number: (949) 939 2949 FAX: (949) 947 1065 E-Mail Address: FIXMYAC@YAHOO.COM

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COMPANY NAME	NAME OF PERSON ATTENDING	MAIL/PHONE/FAX NUMBERS & E-MAIL ADDRESS
All Temperature Control Company Name Name of Parent Company (if Applicable)	MICHAEL HOLZNER Attendee's Name Title Sales	Mailing Address: 9720 Topanga City, U.P.C. City: Chatsworth State: CA Zip: 91311 Telephone Number: (818) 882-1470 FAX: (818) 773-9932 E-Mail Address: MHolzner@ATC-HVAC.COM
HVAC SERVICES FOR Company Name Name of Parent Company (if Applicable)	YOUSUF ELIK Attendee's Name Title	Mailing Address: 3424 12th Ave City: Los Angeles State: CA Zip: 90018 Telephone Number: (323) 333-9590 FAX: (323) 792-6608 E-Mail Address: YOUNGHVACSERVICES@ATTNVT
ORSI Company Name Name of Parent Company (if Applicable)	Edward Perez Attendee's Name Title	Mailing Address: 6002 San Fernando Rd City: Glendale State: CA Zip: 91204 Telephone Number: (818) 204-5455 FAX: (818) 247-8372 E-Mail Address: eperez@orsivairrefrigeration.com
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: _____

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<u>HVAC SERVICES INC</u> <small>Company Name</small>	<u>YOUSSE EBHIS</u> <small>Attendee's Name</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
<u>ALL TEMPERATURES CONTRACTORS</u> <small>Company Name</small>	<u>MICHAEL HOLZCK</u> <small>Attendee's Name</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
<u>JCI</u> <small>Company Name</small>	<u>KEVIN KEMPTON</u> <small>Attendee's Name</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
<u>ROG PROSTAR MECHANICAL</u> <small>Company Name</small>	<u>ROGER VARGAS</u> <small>Attendee's Name</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
_____ <small>Company Name</small>	_____ <small>Attendee's Name</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
_____ <small>Company Name</small>	_____ <small>Attendee's Name</small>	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____

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XCEL MECHANICAL Company Name _____ Name of Parent Company (if Applicable) _____	<u>Richard Louca</u> Attendee's Name _____ Title _____	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
ALLISON MECHANICAL INC Company Name _____ Name of Parent Company (if Applicable) _____	<u>DAVE TOLO</u> Attendee's Name _____ Title _____	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
TRANE Company Name _____ Name of Parent Company (if Applicable) _____	<u>BRAD DONNELLY</u> Attendee's Name _____ Title _____	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
WESTERN MECHANICAL Company Name _____ Name of Parent Company (if Applicable) _____	<u>J.C. Cervera</u> Attendee's Name _____ Title _____	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
South Coast Mechanical Company Name _____ Name of Parent Company (if Applicable) _____	<u>Justin Joby</u> Attendee's Name _____ Title _____	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____

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Johnson Controls Inc <small>Company Name</small>	Barbara Lopez <small>Attendee's Name</small> Account Representative <small>Title</small>	Mailing Address: 12393 Stansman Ave City: Whittier State: Zip: Telephone Number: () FAX: () E-Mail Address:
COSOLIDATED MECH. INC <small>Company Name</small>	JOE ROLANDO <small>Attendee's Name</small> <small>Title</small>	Mailing Address: City: State: Zip: Telephone Number: () FAX: () E-Mail Address:
Service 1st <small>Company Name</small>	ALFRED MOLINA <small>Attendee's Name</small> Division manager <small>Title</small>	Mailing Address: City: State: Zip: Telephone Number: () FAX: () E-Mail Address:
CRSI <small>Company Name</small>	Edward Perez <small>Attendee's Name</small> <small>Title</small>	Mailing Address: City: State: Zip: Telephone Number: () FAX: () E-Mail Address:
 <small>Company Name</small>	 <small>Attendee's Name</small> <small>Title</small>	Mailing Address: City: State: Zip: Telephone Number: () FAX: () E-Mail Address:

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F.M. Thomas Air Conditioning Company Name Name of Parent Company (if Applicable)	R.S. Miller Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
K&S Air Cond. Inc. Company Name Name of Parent Company (if Applicable)	Diana KANANAWA Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
Fix my AC Inc Company Name Name of Parent Company (if Applicable)	AU. WINGARTEN Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
DELTA REFRIGERATED Company Name Name of Parent Company (if Applicable)	HENRY BARRIL Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____
South Coast Mechanical Company Name Name of Parent Company (if Applicable)	Luis Soto Attendee's Name Title	Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone Number: (____) _____ FAX: (____) _____ E-Mail Address: _____