# **ATTENDANCE LIST**

SIGNING REGISTERING OR COMPLETION OF THIS DOCUMENT IS VOLUNTARY. ANY PERSON MAY ATTEND THE MEETING REGARDLESS OF WHETHER A PERSON SIGNS, REGISTERS OR COMPLETES THIS FORM.

HOWEVER, ANY PERSON DESIRING TO SPEAK ON THIS MATTER MUST GIVE THEIR NAME AND ANY PERSON DESIRING TO BE NOTIFIED OF ACTIONS TAKEN ON THIS MATTER MUST PROVIDE THEIR NAME AND EMAIL ADDRESS.

SUBJECT PROPERTY ADDRESS: 9607 WEST HIGH RIDGE DRIVE

BOARD FILE #: 180014

	***P	LEASE PRII	V7***	
Name	Association with project	For or Against	E-mail address	<i>Phone number</i> (213) 555-5555
Shely Goldag Osad	h Owner	FOR	Shellyosador@gmail	323821-4529
AVI OSADON	olar	For	AVIOSADONG-GMale	n 3105508030
Leslie MINNITS	NeichBOR	For	AESIOS MINNITIOGMUI	(310)201.0626
Robert Santelli	Deighbor	FOR		(949)636-2722
HUGO Abcego	Project Monyon	FOR	hugo abrego Omnil com	(310)526-1262
KathminkShper	Neighbor	Agins	Johrshver Cavail Com	(So2)1073-1044
Bul Rohner	Neighbor	Against	proliver@ (deb. Con	(310)617-565
Kingt Newman	Neigoor	for	ringt_reaman@hot	323 942 7573 MG 1 COM 70
Country BEENLY	Nighwar	Agginit	country bure gravila	~ AB-Jav-2030
IVAR COMBRINKK	Naiphbon	against	War.combrinche Crunit	ca_ 215-915-4.
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Date		Council File No., Agenda Item, or Case No.
5-8-19		#6
I wish to speak before the		
	Name of City Agency, Department, Commi	
Do you wish to provide general	public comment, or to speak for or against a	proposal on the agenda? (X) For proposal Against proposal
Name: Mr. Do	miel Fredman	(°) Against proposal (°) General comments
Business or Organization Affiliati	on:	
Address:		
Street	City	State Zip
Business phone:	Representing:	1 A. J.
CHECK HERE IF YOU ARE	A PAID SPEAKER AND PROVIDE CLIENT	INFORMATION BELOW:
Client Name: AVI + S	shelly Osadom	Phone #:
Client Address: 9607 Street	Highridge Drive	90210 State Zip
Please see reverse of card f	or important information and submit this entir	e card to the presiding officer or chairperson.

# CITY OF LOS ANGELES SPEAKER CARD

Date		Council File No	Agenda Item, or Case No.
5(8/2018			26
	BBSC Name of City Agency, Department, Comm	ittee or Council	
Do you wish to provide general put Name: CANDINAY BECK	blic comment, or to speak for or against a		?()For proposal () Against proposal () General comments
Business or Organization Affiliation	•		ار 
Address: <u>9470</u> 1416 Street	ITTUDGE DIL BOUBLLY IFIL	Y CA State	QU210 Zip
Business phone: 213-500-21	<u> ろ</u> → Representing:		
CHECK HERE IF YOU ARE A F	PAID SPEAKER AND PROVIDE CLIEN	T INFORMATION BEL	ow:
Client Name:		F	Phone #:
Client Address:	City	State	Zip
	important information and submit this ant		

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Date			Council File No., Agen	da Item, or Case No.
5/8/2018			180014	4 6
I wish to speak before the	BBSC			
	Name of City Agency, Depa	artment, Committee or C	Council	
Do you wish to provide general	public comment, or to speak for	or or against a proposal	on the agenda? ()	For proposal Against proposal General comments
Name: faul Conv	er		( )	deneral comments
Business or Organization Affiliat	ion:			
Address: 9662 High	ndge Dr. Be	restrictills	State	62/0 Zip
Business phone: 562-6936		Self/famil	4	
CHECK HERE IF YOU ARE			MATION BELOW	
CHECK HERE IF TOU ARE A	A PAID SPEAKER AND PRO	SVIDE CLIENT INFOR	WATION BELOW:	
Client Name:			Phone	#:
Client Address:				
Street	C	ity	State	Zip
Please see reverse of card	for important information and s	submit this entire card to	the presiding officer	or chairperson.

CITY OF LOS ANGELES SPEAKER CARD

Date 5/8/2018			Council File No	D., Agenda Item, or Case No.
I wish to speak before the	BBSC Name of City Agency, Depa	irtment, Committee or Co	ouncil	)
Do you wish to provide general p Name:	Edver	or or against a proposal o		A? ( ) For proposal Against proposal ( ) General comments
Business or Organization Affiliati Address: <u>9662</u> Highr	on:	prhilk	CA	90210
Business phone:	C Representing:	Delf/famile	State	Zip
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND PRO	DVIDE CLIENT INFORM	MATION BEL	OW:
Client Name:			F	Phone #:
Client Address:	C	ity	State	Zip

Date (8) 18	Council File No., Agenda Item, or Case No.
378 13	180014
I wish to speak before the Name of City Agency, Department, Committee	or Council
	1
Do you wish to provide general public comment, or to speak for or against a prop	osal on the agenda? (KFor proposal Against proposal
Name: WAR COMBRINCK	
Business or Organization Affiliation:	
Address: <u>9670</u> <u>HIGHRIDGE</u> <u>DR.</u> <u>BEVERLY</u> Street Business phone: <u>ZIZ-915-4827</u> Representing: <u>My kell</u>	HILLS CA 90210 State Zip
Business phone: <u>ZIZ-915-4827</u> Representing: <u>Mybels</u>	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT IN	
Client Name:	Phone #:
Client Address:	
Street City	State Zip
Please see reverse of card for important information and submit this entire ca	rd to the presiding officer or chairperson.
CITY OF LOS ANGELES SPEAKE	R CARD
Date	Council File No., Agenda Item, or Case No.
5/48/18	#6
RDSC.	
I wish to speak before the Name of City Agency, Department, Committee	or Council
Do you wish to provide general public comment, or to speak for or against a property of the spea	( ) Against proposal
Name: IK, KAY CXIES	( ) General comments
Business or Organization Affiliation:	
Address:	Stato Zin
Address:	State Zip

Client	Name:	
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Client Address: \_\_\_\_

Street

State Zip

\_\_\_\_\_ Phone #: \_\_\_\_\_

Date 5/8/12	Council File No., Agenda Item, or Case No.
I wish to speak before the BBSC Name of City Agency, Department, Committee or 0	Council
Do you wish to provide general public comment, or to speak for or against a proposa Name:	Il on the agenda? () For proposal ( ) Against proposal ( ) General comments
Business or Organization Affiliation:	
Address:City	State Zip
Business phone: Representing: MySelf	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFOR	RMATION BELOW:
Client Name:	Phone #:
Client Address:City	State Zip
Please see reverse of card for important information and submit this entire card t	o the presiding officer or chairperson.
CITY OF LOS ANGELES SPEAKER	CARD
Date 5/8/18 RBSC	Council File No., Agenda Item, or Case No.
I wish to speak before the Name of City Agency, Department, Committee or 0	Council
Do you wish to provide general public comment, or to speak for or against a proposa	
TILL LID EXTON	l on the agenda? ( ) Por proposal ( ) Against proposal ( ) General comments
Name: JIII Loza Exles	🦳 ( ) Against proposal
Name: JIII Loza Exless Business or Organization Affiliation: Address: 9504 Highridge Pl	🦳 ( ) Against proposal
Name: JIII Loza Exless Business or Organization Affiliation:	BH 95210 State Zip
Name: JIII Loza Exless Business or Organization Affiliation: Address: 9509 Highridge Pli Street City	BH 95210 State Zip
Name:       JIII Loga       Extess         Business or Organization Affiliation:	BH 95210 State Zip

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

State

Zip

City

Street

Date 05/08/18		Co	puncil File No., A	genda Item, or Case No.
I wish to speak before the	Ald Mg avd Safety Co Agengy, Department/Comm			
Do you wish to provide general public comment Name: <u>HV40 Abrego</u>		proposal on th	ne agenda?	<ul> <li>For proposal</li> <li>Against proposal</li> <li>General comments</li> </ul>
Name: <u>HV40</u> Abrego Business or Organization Affiliation: <u>SEE</u>	Construction			
Address: 145 N. Lu Bria Aven Street Business phone: (310)0575100 Re	ve, los Angeles	CP	90036 State	Zip
Business phone: (310)0575100 Re	presenting: <u>SEE Const</u>	-nuction		
CHECK HERE IF YOU ARE A PAID SPEAK	(ER AND PROVIDE CLIEN	T INFORMAT	ION BELOW	/:
Client Name:			Pho	one #:
Client Address:	0.44		Otata	7:
Street	City		State	Zip

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

# CITY OF LOS ANGELES SPEAKER CARD

Date			Council File No.,	Agenda Item, or Case No.
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I wish to speak before the	Board	BBSC		
	Name of City Agency, De	partment, Committee or C	Council	
Do you wish to provide general p	public comment, or to speal	k for or against a proposal	l on the agenda?	For proposal
Name: Shelly G	oldberg C	sadoh		<ul><li>Against proposal</li><li>General comments</li></ul>
Business or Organization Affiliati	on: <u>Owher</u>			•
Address: 9607	Highridge	Pr. Be	Verly HI	115 40210
Business phone: <u>32382145</u>	329 Representing:		eð	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND P	ROVIDE CLIENT INFOR	MATION BELO	N:
Client Name:			Ph	one #:
Client Address:		City	State	Zip
Gliege		Ony	Olulo	~'P

Date 05/08/18	Council File N	lo., Agenda Item, or Case No.
I wish to speak before the <u><u><u>Brand of Brild Ma and Safety</u> Committee</u> or C</u>	oners	
Do you wish to provide general public comment, or to speak for or against a proposal Name: $HVgO$ $HbregO$		a?(V) For proposal () Against proposal () General comments
Business or Organization Affiliation: SEE CONSTVCTION		
Address: 145 N. Lu Brig Avenue, Los Angeles CP Street Business phone: (310)6575100 Representing: SEE Construction	GDD3 State	Zip
Business phone: (310)6575100 Representing: SEE Construction	M	
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFOR	MATION BEL	.OW:
Client Name:		Phone #:
Client Address:City	State	Zip

Please see reverse of card for important information and submit this entire card to the presiding officer or chairperson.

# CITY OF LOS ANGELES SPEAKER CARD

Date			Council File No.,	Agenda Item, or Case No.
JIOIN			180	UNA#O
I wish to speak before the	Board	BBSC		/
	Name of City Agency, De	epartment, Committee or (	Council	
Do you wish to provide general p	oublic comment, or to spea	k for or against a proposa	I on the agenda?	For proposal
Name: Shelly Go	oldberg (	sadon		<ul><li>Against proposal</li><li>General comments</li></ul>
Business or Organization Affiliation	on: <u>Owner</u>			
Address: 9607	Highridge	Pr. Be	Everly H	115 90210
Business phone: 32382145	Representing:		e T	
CHECK HERE IF YOU ARE A	A PAID SPEAKER AND P	ROVIDE CLIENT INFOR	RMATION BELO	w:
Client Name:			Pł	none #:
Client Address:				
Street		City	State	Zip

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Date				Council File	No., Agenda Iten	n, or Case No.
May 8 2013				190	1014/=	+0
I wish to speak before the	Board	BBS	iC.			
	Name of City Agency,	Department, Co	ommittee or Ce	ouncil	/	
Do you wish to provide general Name: <u>AVI</u> OSA	public comment, or to spectrum $\mathcal{ON}$	eak for or again	st a proposal	on the ager	( ) Agair	roposal nst proposal eral comments
Business or Organization Affilia	tion:		4			
Address: 9607 H	ighridge	Buerly	Hills	C/A- State	Zip	0210
Business phone: 3105505	3030 Representing	g: OUY	pjec	+	·	
CHECK HERE IF YOU ARE	A PAID SPEAKER AND	PROVIDE CL	IENT INFORM	MATION BE	ELOW:	
Client Name:					_ Phone #:	
Client Address:						
Street		City		State	Zip	
Please see reverse of card	for important information	and submit this	entire card to	the presidi	na officer or ch	airperson

# CITY OF LOS ANGELES SPEAKER CARD

Date			Co		genda Item, or Case No.
5-8-2018				1800	14#6
I wish to speak before the	Los Angel Name of City Age	ency, Department, Co	Sui / Jurg and	d Safet	Commissioners
Do you wish to provide general p	bublic comment, or	to speak for or again	st a proposal on th	e agenda?	V) For proposal
Name: Robert 2	Santelli				<ul> <li>Against proposal</li> <li>General comments</li> </ul>
Business or Organization Affiliation	on: <u> </u>				
Address: 9674 Highrid	ge Drive	Beverly H	ills C	A	90210
Business phone: <u>949-636</u> -		Ony /		State	Zip
CHECK HERE IF YOU ARE A	PAID SPEAKER		IENT INFORMATI	ON BELOW	/:
Client Name:				Pho	one #:
Client Address:		City		State	Zip
Street		City		JIGIG	ΞIÞ

Date 5 8 2018 DODD		Council File No.,	Agenda Item, or Case No.		
I wish to speak before theA DB SBox	and of Commis		ſ		
Name of City Agency, De	partment, Committee or C	ouncil			
Do you wish to provide general public comment, or to speak	for or against a proposal	on the agenda?			
Name: LESILE MinNit			<ul> <li>Against proposal</li> <li>General comments</li> </ul>		
Business or Organization Affiliation: ///A					
Address: 4674 Highnidge Dr	Berery Hills	C4 State	9 2 10 Zip		
Business phone: 310 Pol-0626 Representing:	ourselves		14 o		
CHECK HERE IF YOU ARE A PAID SPEAKER AND PROVIDE CLIENT INFORMATION BELOW:					
Client Name:	. * ]	Ph	one #:		
Client Address:Street	City	State	Zip		



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9607 HIGH RIDGE PL OWNERSHIP LABELS

Avraham Ossadon (owner) 9607 Highridge Dr. Beverly Hills, CA 90210

2. APN: 4384015020 Lois M / Lois Obrien Trust 1836 Parnell Ave #210 Los Angeles , CA 90025

5. APN: 4384006029 David A / Matalon Trust 9545 Oak Pass Rd Beverly Hills , CA 90210

8.
APN: 4384033010
Burstein Herbert W
9505 Highridge Dr
Beverly Hills , CA 90210
11.
APN: 4384033005
Harry And Voula Siafaris Trust
9525 Highridge Dr
Beverly Hills, CA 90210

14. APN: 4384032017 Cohen Alexander / Lahijani 9504 Highridge Dr Beverly Hills, CA 90210

17. APN: 4384032020 Hilton Craig 9600 Highridge Dr Beverly Hills, CA 90210

20 APN: 4384032014 Rotenberg Norman P Trust 2227 Summitridge Dr Beverly Hills, CA 90210

23 APN: 4384032024 Thomas Markovits Trust 9630 Highridge Dr Beverly Hills, CA 90210 EZ PERMITS, LLC 7251 N. OWENSMOUTH AVE. #2 CANOGA PARK, CA 91303

3.
APN: 4384015024
Chance Bon Trust
9100 Wilshire Blvd #1000w
Beverly Hills , CA 90212
6.
APN: 4384006036
Owner
9660 N ANTELOPE ROAD
Los Angeles, CA 90210

9. APN: 4384033900 L A City 111 E 1st St #201 Los Angeles , CA 90012

12. APN: 4384032013 Avedissian Family Trust 2221 Summitridge Dr Beverly Hills, CA 90210

15.
APN: 4384032018
Steven F Rubinstein Trust
9514 Highridge Dr
Beverly Hills, CA 90210
18
APN: 4384032021
Akhavan Family Trust
9612 Highridge Dr
Beverly Hills, CA 90210

21 APN: 4384032022 Newman Nathan 9620 Highridge Dr Beverly Hills, CA 90210

24 APN: 4384015026 Lari Joni Menely Y / Mlj Trust 9637 Highridge Dr Beverly Hills, CA 90210

Étiquettes d'adresse Easy Peel® Repliez à la hachure afin de révéler le rebord Pop-up® 1. 4384015019 Niko One Llc 145 N La Brea Ave #d Los Angeles , CA 90036

4. APN: 4384006014 Cohenca Victor 9770 Suffolk Dr Beverly Hills , CA 90210 7. APN: 4384033004 Reinhard Roland & Marleen 9507 Highridge Pl Beverly Hills, CA 90210

10. APN: 4384033008 Emrani Nakisa 9515 Highridge Dr Beverly Hills, CA 90210

13.
APN: 4384032015
Johnson Gadson J Jr
2229 Summitridge Dr
Beverly Hills, CA 90210
16.
APN: 4384032019
Shabboui Family Trust
9524 Highridge Dr
Beverly Hills, CA 90210

19 APN: 4384032016 Mirashrafi Abdol H 2233 Summitridge Dr Beverly Hills, CA 90210

22 APN: 4384032023 Kichodhan Matthew 9626 Highridge Dr Beverly Hills, CA 90210

25 APN: 4384015025 Family Trust / Elhami Keywan 9633 Highridge Dr Beverly Hills, CA 90210

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Allez à avery.ca/gabarits | Utilisez le Gabarit Avery 6240 1



APN: 4384015016

APN: 4384015001 Todd Trust

9550 Oak Pass Rd

Slome Marital Trust

9663 Santa Monica Blvd #939

Beverly Hills, CA 90210

Beverly Hills, CA 90210

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29 & 30

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Easy Peel® Address Labels Bend along line to expose Pop-up Edge®

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APN: 4384015017 Judith Trs S And J Borash Trust 9611 Highridge Dr Beverly Hills, CA 90210 28 APN: 4384015031 Bisch Kevin R 9600 Yoakum Dr Beverly Hills, CA 90210

Pat: avery.com/patents

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