

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Troy C. Bailey, State Bar No. 277424 THE CHANLER GROUP 2560 Ninth Street, Parker Plaza, Suite 214 Berkeley, CA 94710 TELEPHONE NO.: (510) 848-8880 FAX NO (Optional): (510) 848-8118 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Plaintiff, Anthony E. Held, Ph.D., P.E.	FOR COURT USE ONLY ENDORSED FILED Superior Court of California County of San Francisco MAR 07 2012 CLERK OF THE COURT BY: <u>WESLEY RAMIREZ</u> Deputy Clerk
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Francisco STREET ADDRESS: 400 McAllister Street MAILING ADDRESS: CITY AND ZIP CODE: San Francisco, California 94102 BRANCH NAME: Unlimited Civil	
PLAINTIFF/PETITIONER: Anthony E. Held, Ph.D., P.E. DEFENDANT/RESPONDENT: Alticor, Inc.	
REQUEST FOR DISMISSAL <input type="checkbox"/> Personal Injury, Property Damage, or Wrongful Death <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <input type="checkbox"/> Family Law <input type="checkbox"/> Eminent Domain <input checked="" type="checkbox"/> Other (specify) : Health and Safety Code § 25249.6 et seq. (Prop 65)	CASE NUMBER CGC-11-513494
- A conformed copy will not be returned by the clerk unless a method of return is provided with the document. -	

1. TO THE CLERK: Please **dismiss** this action as follows:
- a. (1) With prejudice (2) Without prejudice
 - b. (1) Complaint (2) Petition
 - (3) Cross-complaint filed by (name):
 - (4) Cross-complaint filed by (name):
 - (5) Entire action of all parties and all causes of action
 - (6) Other (specify):*

on (date):
on (date):

2. (Complete in all cases except family law cases)

Court fees and costs were waived for a party in this case. (This information may be obtained from the clerk. If this box is checked, the declaration on the back of this form must be completed).

Date: March 7, 2012

Troy C. Bailey

(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)

*If dismissal requested is of specified parties only of specified causes of action only, or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed.

(SIGNATURE)
 Attorney or party without attorney for:
 Plaintiff/Petitioner Defendant/Respondent
 Cross-Complainant

3 TO THE CLERK: Consent to the above dismissal is hereby given.**

Date:

(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)

** If a cross-complaint – or Response (Family Law) seeking affirmative relief – is on file, the attorney for cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581 (l) or (j).

(SIGNATURE)
 Attorney or party without attorney for:
 Plaintiff/Petitioner Defendant/Respondent
 Cross-Complainant

(To be completed by clerk)

- 4. Dismissal entered as requested on (date):
- 5. Dismissal entered on (date): as to only (name):
- 6. Dismissal **not entered** as requested for the following reasons (specify):
- 7. a. Attorney or party without attorney notified on (date):
- b. Attorney or party without attorney not notified. Filing party failed to provide a copy to be conformed means to return conformed copy

Date:

Clerk, by _____, Deputy

PLAINTIFF/PETITIONER: Anthony E. Held, Ph.D., P.E. DEFENDANT/RESPONDENT: Alticor, Inc.	CASE NUMBER: CGC-11-513494
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Declaration Concerning Waived Court Fees

The court has a statutory lien for waived fees and costs on any recovery of \$10,000 or more in value by settlement, compromise, arbitration award, mediation settlement, or other recovery. The court's lien must be paid before the court will dismiss the case.

1. The court waived fees and costs in this action for (name):
2. The person in item 1 (check one):
 - a. is not recovering anything of value by this action.
 - b. is recovering less than \$10,000 in value by this action.
 - c. is recovering \$10,000 or more in value by this action. (If item 2c is checked, item 3 must be completed.)
3. All court fees and costs that were waived in this action have been paid to the court (check one): Yes No

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

 (TYPE OR PRINT NAME OF ATTORNEY PARTY MAKING DECLARATION)



(SIGNATURE)

1 **PROOF OF SERVICE**

2 I am employed in the County of Alameda, State of California. I am a citizen of the United
3 States, over the age of 18 years, and not a party to the within action. My business address is 2560
4 Ninth Street, Parker Plaza, Suite 214, Berkeley, California 94710-2565.

5 On March 7, 2012, I caused to be served the following document(s), described as,

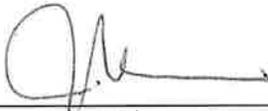
6 **REQUEST FOR DISMISSAL**

7 on each interested party as follows:

8 Jeffrey B. Margulies, Esq.
9 Matthew Gurvitz, Esq.
10 Fulbright & Jaworski LLP
555 S. Flower Street, 41st Floor
Los Angeles, CA 90071
Attorneys for Alticor Inc.; Amway Corp.

11 XXXXX (BY MAIL) I placed a true and correct copy of the foregoing document(s) in a
12 sealed envelope addressed to each interested party as set forth above. I placed each such envelope,
13 with postage thereon fully prepaid, for collection and mailing at The Chanler Group, located in
14 Berkeley, California. I am readily familiar with The Chanler Group's practice for collection and
processing of documents for mailing with the United States Postal Service. Under that practice, the
documents are deposited with the United States Postal Service on the same day in the ordinary
course of business.

15 Executed this 7th day of March, 2012, at Berkeley, California. I declare under the penalty of
16 perjury under the laws of the State of California that the foregoing is true and correct.

17 
18 _____
Allison Carr