

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address)
Christopher M. Martin, State Bar No. 186021
THE CHANLER GROUP
2560 Ninth Street, Suite 214
Berkeley, CA 94710
TELEPHONE NO. (510) 848-8880 FAX NO. (Optional). (510) 848-8118
E-MAIL ADDRESS (Optional): chris@chanler.com
ATTORNEY FOR (Name): Anthony E. Held, Ph.D., P.E.

FOR COURT USE ONLY
FILED
APR - 5 2012
KIM TURNER, Court Executive Officer
MARIN COUNTY SUPERIOR COURT
By: C. Lucchesi, Deputy

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Marin
STREET ADDRESS: 3501 Civic Center Drive
MAILING ADDRESS:
CITY AND ZIP CODE: San Rafael 94903
BRANCH NAME:

PLAINTIFF/PETITIONER: Anthony E. Held, Ph.D., P.E.
DEFENDANT/RESPONDENT: CHA Direct, Inc., et al.

REQUEST FOR DISMISSAL
[] Personal Injury, Property Damage, or Wrongful Death
[] Motor Vehicle [] Other
[] Family Law [] Eminent Domain
[X] Other (specify): Health and Safety Code § 25249.6 et seq. (Prop 65)

CASE NUMBER
CIV1106342

- 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) [X] Without prejudice
b. (1) [X] Complaint (2) [] Petition
(3) [] Cross-complaint filed by (name):
(4) [] Cross-complaint filed by (name):
(5) [X] 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 2, 2012

Christopher M. Martin

(SIGNATURE)

(TYPE OR PRINT NAME OF [X] 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

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:

(SIGNATURE)

(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 (i) or (j).

Attorney or party without attorney for:
[] Plaintiff/Petitioner [] Defendant/Respondent
[] Cross-Complainant

(To be completed by clerk)

- 4. [X] Dismissal entered as requested on (date): APR - 5 2012
5. [X] 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: APR - 5 2012 KIM TURNER, Clerk, by C. LUCCHESI, Deputy

BY FAX

PLAINTIFF/PETITIONER: Anthony E. Held, Ph.D., P.E. DEFENDANT/RESPONDENT: CHA Direct, Inc., et al.	CASE NUMBER: CIV1106342
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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 April 4, 2012, I caused to be served the following document(s), described as,

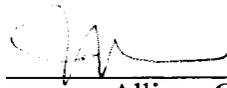
6 **REQUEST FOR DISMISSAL**

7 on each interested party as follows:

8 Charles Hon, President
9 CHA Direct, Inc.
10 851 Newtown Road
11 Devon, PA 19333

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

19 Executed this 4th day of April, 2012, at Berkeley, California. I declare under the penalty of
20 perjury under the laws of the State of California that the foregoing is true and correct.

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Allison Carr