

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address)
Troy C. Bailey, State Bar No. 277424
The Chanler Group, 2560 9th Street, Suite 214, Berkeley, CA 94710
TELEPHONE NO. 510-848-8880 FAX NO (Optional) 510-848-8118
E-MAIL ADDRESS (Optional) Troy@chanler.com
ATTORNEY FOR (Name) Plaintiff, Whitney R. Leeman, Ph.D.

FOR COURT USE ONLY
ENDORSED FILED ALAMEDA COUNTY
AUG 25 2015
CLERK OF THE SUPERIOR COURT
By Lynetta M. Irvin, Deputy

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Alameda
STREET ADDRESS: 24405 Amador Street
MAILING ADDRESS:
CITY AND ZIP CODE: Hayward, 94544
BRANCH NAME: Unlimited Civil - Hayward Hall of Justice

PLAINTIFF/PETITIONER: Whitney R. Leeman, Ph.D.
DEFENDANT/RESPONDENT: JS Products, Inc., et al.

REQUEST FOR DISMISSAL

CASE NUMBER: RG14753028

A conformed copy will not be returned by the clerk unless a method of return is provided with the document.

This form may not be used for dismissal of a derivative action or a class action or of any party or cause of action in a class action. (Cal. Rules of Court, rules 3.760 and 3.770.)

- 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.)
The court [] did [x] did not waive court fees and costs for a party in this case. (This information may be obtained from the clerk. If court fees and costs were waived, the declaration on the back of this form must be completed).

Date: August 24, 2015

Troy C. Bailey
(TYPE OR PRINT NAME OF [x] ATTORNEY [] PARTY WITHOUT ATTORNEY)

[Signature]
(SIGNATURE)

*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:
[x] 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)

[Signature]
(SIGNATURE)

** 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. [] 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

DISMISSAL ENTERED
AUG 25 2015
Lynetta Irvin
By Deputy

Date: Clerk, by Deputy

PLAINTIFF/PETITIONER: Whitney R. Leeman, Ph.D. DEFENDANT/RESPONDENT: JS Products, Inc., et al.	CASE NUMBER: RG14753028
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COURT'S RECOVERY OF WAIVED COURT FEES AND COSTS

If a party whose court fees and costs were initially waived has recovered or will recover \$10,000 or more in value by way of settlement, compromise, arbitration award, mediation settlement, or other means, the court has a statutory lien on that recovery. The court may refuse to dismiss the case until the lien is satisfied. (Gov. Code, § 68637.)

Declaration Concerning Waived Court Fees

1. The court waived court fees and costs in this action for *(name)*:
2. The person named in item 1 is *(check one below)*:
 - a. not recovering anything of value by this action.
 - b. recovering less than \$10,000 in value by this action.
 - c. 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 court 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 over 18 years of age and not a party to this action. I am employed in the county
3 where the mailing took place. My business address is 2560 Ninth Street, Parker Plaza, Suite
214, Berkeley, California 94710-2565.

4 On August 25, 2015, I caused to be served the following document(s), described as:

5 **REQUEST FOR DISMISSAL**

6 on each interested party as follows:

7 David A. Stall, Esq.
8 2152 Dupont Drive
9 Suite 140
10 Irvine, CA 92612
Attorney for JS Products, Inc.

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
13 envelope, with postage thereon fully prepaid, for collection and mailing at The Chanler Group,
14 located in 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 25th day of August, 2015, at Berkeley, California, I declare under the
16 penalty of perjury under the laws of the State of California that the foregoing is true and correct.

17
18 
19 _____
Roz Conrad