

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
Kimberly Gates, State Bar No. 282369, 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): Anthony E. Held, Ph.D., P.E.

FOR COURT USE ONLY
FILED
MAR 23 2016
JAMES M. KIM, Court Executive Officer
MARIN COUNTY SUPERIOR COURT
By: E. Chais, Deputy
CASE NUMBER: CIV1504241

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

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

REQUEST FOR DISMISSAL

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) Without prejudice
 - b. (1) Complaint (2) Petition
 - (3) Cross-complaint filed by (name): on (date):
 - (4) Cross-complaint filed by (name): on (date):
 - (5) Entire action of all parties and all causes of action
 - (6) Other (specify):*

2. (Complete in all cases except family law cases.)
The court did 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: March 22, 2016
Kimberly Gates
(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY) K. gates (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:
 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)

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

- (To be completed by clerk)
- 4. Dismissal entered as requested on (date) MAR 23 2016
 - 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: MAR 23 2016 Clerk, by JAMES M. KIM, Deputy

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

CASE NUMBER:
 CIV1504241

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 where
3 the mailing took place. My business address is 2560 Ninth Street, Parker Plaza, Suite 214, Berkeley,
4 California 94710-2565.

5 On March 22, 2016 I caused to be served the following document(s), described as,

6 **REQUEST FOR DISMISSAL**

7 on each interested party as follows:

8 Patrick McCrann, President
9 Emerald Medical Inc.
10 285 Pierce Street
11 Somerset, NJ 08873

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

19 Executed this 22nd day of March 2016, at Berkeley, California. I declare under the penalty
20 of perjury under the laws of the State of California that the foregoing is true and correct.

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Lauren Harsma