

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): Ryan C. Oca State Bar No. 303113 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): Ryan@chanler.com ATTORNEY FOR (Name): Plaintiff, Anthony E. Held, Ph.D., P.E.</p>	<p>FOR COURT USE ONLY</p> <p>ENDORSED FILED ALAMEDA COUNTY</p> <p>MAY - 1 2017</p> <p>CLERK OF THE SUPERIOR COURT By <u>CHEYL CLARK</u> Deputy</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Alameda STREET ADDRESS: 1225 Fallon Street MAILING ADDRESS: CITY AND ZIP CODE: Oakland, CA 94612 BRANCH NAME: Unlimited Civil</p>	
<p>PLAINTIFF/PETITIONER: Anthony E. Held, Ph.D., P.E. DEFENDANT/RESPONDENT: American Healthcare Products, Inc., et al.</p>	
<p style="text-align: center;">REQUEST FOR DISMISSAL</p> <p><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 (<i>specify</i>): Health and Safety Code § 25249.6 et seq. (Prop. 65)</p>	<p>CASE NUMBER: RG16840031</p>
<p>- A conformed copy will not be returned by the clerk unless a method of return is provided with the document. -</p>	

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: May 1, 2017
 Ryan C. Oca

(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)



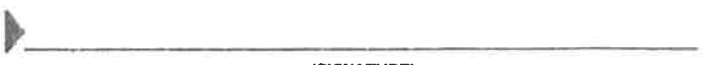
 (SIGNATURE)

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

*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.

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

(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)



 (SIGNATURE)

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

** 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 (f) or (j).

(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

MAY - 1 2017

Date: MAY - 1 2017
 Chad Finke Clerk, by CHERYL CLARK, Deputy

PLAINTIFF/PETITIONER: Anthony E. Held, Ph.D., P.E.	CASE NUMBER:
DEFENDANT/RESPONDENT: American Healthcare Products, Inc., et al.	RG16840031

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)

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PROOF OF SERVICE

I am over 18 years of age and not a party to this action. I am employed in the county where the mailing took place. My business address is 2560 Ninth Street, Parker Plaza, Suite 214, Berkeley, California 94710-2565.

On May 1, 2017 I caused to be served the following document(s), described as,

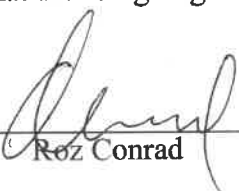
REQUEST FOR DISMISSAL

on each interested party as follows:

John H. Woo, Esq.
Woo Law, APC
225 S. Lake Ave., Suite 300
Pasadena, CA 91101
Attorneys for American Healthcare Products, Inc.

XXXXX (BY MAIL) I placed a true and correct copy of the foregoing document(s) in a sealed envelope addressed to each interested party as set forth above. I placed each such envelope, with postage thereon fully prepaid, for collection and mailing at The Chanler Group, 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.

Executed this 1st day of May 2017, at Berkeley, California. I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.



Roz Conrad