


COPY

CIV-110

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: Laralei Paras FIRM NAME: THE CHANLER GROUP STREET ADDRESS: 2560 Ninth Street, Parker Plaza, Suite 214 CITY: Berkeley TELEPHONE NO.: 510-848-8880 E-MAIL ADDRESS: laralei@chanler.com ATTORNEY FOR (Name): Plaintiff, Peter Englander	STATE BAR NO: 203319	FOR COURT USE ONLY  ENDORSED FILED ALAMEDA COUNTY  MAY 23 2017  CLERK OF THE SUPERIOR COURT 
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Alameda STREET ADDRESS: 2233 Shoreline Drive MAILING ADDRESS: CITY AND ZIP CODE: Alameda 94501 BRANCH NAME: George E. McDonald Hall of Justice  Plaintiff/Petitioner: Peter Englander Defendant/Respondent: BB17, LLC, et al.		CASE NUMBER: RG16820290
<b>REQUEST FOR DISMISSAL</b>		
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):\* as to the entire action, each party to bear its own costs.

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: May 22, 2017  
Laralei Paras  
(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.

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-complainant or Respondent (Family Law) seeking alternative relief - is on file, the attorney for cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581 (b) or (c).

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

(To be completed by clerk)

4.  Dismissal entered as requested on (date): **MAY 23 2017**

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: **MAY 23 2017** Clerk, by Asal Sponsel Deputy

BY FAX

Plaintiff/Petitioner: Peter Englander Defendant/Respondent: BB17, LLC, et al.	CASE NUMBER: RG16820290
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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:

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(TYPE OR PRINT NAME OF  ATTORNEY  PARTY MAKING DECLARATION) (SIGNATURE)