	CIV-110
ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: 203319	FOR COURT USE ONLY
NAME: Laralei Paras	
FIRM NAME: THE CHANLER GROUP	
STREET ADDRESS: 2560 Ninth Street, Parker Plaza, Suite 214	0.1740
or . Dornardy	2006: 94710 B118 ENDORSED
TELEPHONE NO.: 510-848-8880 FAX NO.: 510-848-	
E-MAIL ADDRESS: laralei@chanler.com	ALAMEDA COUNTY
ATTORNEY FOR (Name): Plaintiff, Peter Englander	TOONTY COUNTY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Alameda STREET ADDRESS: 2233 Shoreline Drive	MAY 23 2017
I MAILING ADDRESS: 2233 STICHERING LAIVE	101 43 201/
CITY AND ZIP CODE: Alameda 94501	
BRANCH NAME: George E. McDonald Hall of Justice	CLERK OF THE SUPERIOR COLUMN
The state of the s	CLERK OF THE SUPERIOR COURT
Plaintiff/Petitioner. Peter Englander	/hm
Defendant/Respondent BB17, LLC, et al.	75.57.22
REQUEST FOR DISMISSAL	CASE NUMBER: RG1682029D
A conformed copy will not be returned by the clerk unless a me	find of return is provided with the decument
This form may not be used for dismissal of a derivative action of action. (Gal. Rules of Court, rules 3.760 and 3.770.)	or a class action of or any party of cause of action in a class
1. TO THE CLERK: Please dismiss this action as follows:	
a. (1) With prejudice (2) X Without prejudice	2
b. (1) X Complaint (2) Petition	
(3) Cross-complaint filed by (name):	on (date):
(4) Cross-complaint filed by (name):	on (dale):
(5) Entire action of all parties and all causes of action	
(6) X Other (specify):* as to the entire action, each r	party to hear its num costs
2 (Complete in all cases except family law cases)	
	for a party in this case. (This information may be obtained from the
The court did K did not waive court fees and costs to clerk. If court fees and costs were waived, the declaration on the	for a party in this case. (This information may be obtained from the
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The court did	or a party in this case. (This information may be obtained from the back of this form must be completed). Attorney or party without attorney for: Plaintiff/Petitioner Cross Complainant Attorney or party without attorney for: Plaintiff/Petitioner Plaintiff/Petitioner Defendant/Respondent Cross Complainant 2 3 2017 s to only (name): Ins. (specify):
The court did	for a party in this case. (This information may be obtained from the back of this form must be completed). Attorney or party without attorney for: Relaintifi/Petitioner
The court did	or a party in this case. (This information may be obtained from the back of this form must be completed). Attorney or party without attorney for: Relaintifi/Petitioner Defendant/Respondent
The court did	for a party in this case. (This information may be obtained from the back of this form must be completed). Attorney or party without attorney for: Research Defendant/Respondent
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CIV-110

Plaintiff/Petitioner: Peter Englander	CASE NUMBER: RG16820290
Defendant/Respondent: BB17, LLC, et al.	NG10020290

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.)

	ourt has a statutory lien on that recovery. The court may refuse to dismiss the case until the lien is atisfied. (Gov. Code, § 68637.)		
	Declaration Concerning Waived Court Fees		
1. The court wa	aived court fees and costs in this action for (name):		
2. The person	named in item 1 is (check one below):		
a. no	ot recovering anything of value by this action.		
b. red	covering less than \$10,000 in value by this action.		
c red	covering \$10,000 or more in value by this action. (If item 2c is checked, item 3 must be completed.)		
3. All cou	urt fees and court costs that were waived in this action have been paid to the court (check one):	Yes	No
I declare under p	penalty of perjury under the laws of the State of California that the information above is true and corre	ect.	
Date:			
(TYPE OR PRINT NAME	E OF ATTORNEY PARTY MAKING DECLARATION) (SIGNATURE)		