ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: 135534	FOR COURT USE ONLY	
NAME: Clifford A. Chanler		
FIRM NAME: THE CHANLER GROUP		
STREET ADDRESS: 2550 Ninth Street, Parker Plaza, Suite 205		
	DDE: 94710	
TELEPHONE NO.: (510) 848-8880 FAX NO.: (510) 848-8	3118	
E-MAIL ADDRESS: clifford@chanler.com		
ATTORNEY FOR (Name): Plaintiff, John Moore		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Marin		
STREET ADDRESS: 3501 Civic Center Drive	MAY 7 com	
MAILING ADDRESS: CITY AND ZIP CODE: San Rafael, CA 94903	MAY - 7 2019	
BRANCH NAME: Marin County Civic Center	JAMES M. KIM. Co	
	JAMES M. KIM, Court Executive Officer MARIN COUNTY SUPERIOR COURT	
Plaintiff/Petitioner: John Moore	By: E. Anderson, Deputy	
Defendant/Respondent: Harbour Services, Inc., et al.		
DECUECT FOR BIOMICOAL	CASE NUMBER:	
REQUEST FOR DISMISSAL	CIV1704446	
A conformed copy will not be returned by the clerk unless a met	hod 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.)		
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):	on (date):	
(4) Cross-complaint filed by (name):	on (date):	
(5) x Entire action of all parties and all causes of action		
(6) Other (specify):*		
(Complete in all cases except family law cases.)		
	r a party in this case. (This information may be obtained from the	
clerk. If court fees and costs were waived, the declaration on the b		
Date: May 7, 2019	N 01 - 10111	
Clifford A. Chanler		
(TYPE OR PRINT NAME OF X ATTORNEY PARTY WITHOUT ATTORNEY)	(SIGNATURE)	
*If dismissal requested is of specified parties only of specified causes of action only, Attorney or party without attorney for:		
or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed.	x Plaintiff/Petitioner Defendant/Respondent	
	Cross Complainant	
3. TO THE CLERK: Consent to the above dismissal is hereby given	**	
Date:	k	
(Type on point year of		
(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	Attorney or party without attorney for: Plaintiff/Petitioner Defendant/Respondent	
this consent if required by Code of Civil Procedure section 581 (i) or (j).	Cross Complainant	
	01000 0011planant	
(To be completed by clerk) MAY 7 = 2019		
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 reason	s (specify):	
7. a. Attorney or party without attorney notified on <i>(date):</i>		
b. Attorney or party without attorney not notified. Filing party	failed to provide	
	Aphilia de provide E. ANDERSON	
Date: Clerk, by	, Deputy Page 1 of 2	

Plaintiff/Petitioner: John Moore

Defendant/Respondent: Harbour Services, Inc., et al.

CASE NUMBER:
CIV1704446

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)
Ιd	declare under penalty of perjury under the laws of the State of California that the information above is true and correct.	
Da	ate:	
(TY	YPE 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 the mailing took place. My business address is 2550 Ninth Street, Parker Plaza, Suite 205,	
3	Berkeley, California 94710-2565.	
4	On May 7, 2019, I caused the following document(s) to be served, described as:	
5	REQUEST FOR DISMISSAL	
6	on each interested party as follows:	
7	Songfong Tommy Wang, Esq. Wang IP Law Group, P.C. Lauren Berger, Esq. Environmental General Counsel LLP	
8	18645 East Gale Avenue, Suite 2015 City of Industry, CA 91748 2120 University Avenue Berkeley, CA 94704	
9	Attorneys for TJ Promotions Corp. Attorneys for Catto's Graphics, Inc.	
10	[X] (BY MAIL) I placed a true and correct copy of the foregoing document(s) in a sealed	
11 envelope addressed to each interested party as set forth above. I placed each such envelope	envelope addressed to each interested party as set forth above. I placed each such envelope, with postage thereon fully prepaid, for collection and mailing in one of the United States Post Office	
12	California.	
13	Executed this 7th day of May 2019, at Berkeley, California, I declare under the penalty of	
14	perjury under the laws of the State of California that the foregoing is true and correct.	
15	Ching by	
16	Lindsey Cady	
17 18		
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PROOF OF SERVICE