(A TOTA DA (CTA) A DE DA DESA / 1849) 1963 PER A DESEMBATION /		
	AR NO: 135534	FOR COURT USE ONLY
NAME: Clifford A. Chanler		
FIRM NAME: THE CHANLER GROUP		-
STREET ADDRESS: 2550 Ninth Street, Suite 205		ELECTRONICALLY
25	ATE: CA ZIP CODE: 94710	
	NO.: (510)848-8118	FILED
E-MAIL ADDRESS: clifford@chanler.com		Superior Court of California,
ATTORNEY FOR (Name): Plaintiff, Laurence Vinocur		County of San Francisco
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San	Francisco	05/06/2019
STREET ADDRESS: 400 McAllister Street		Clerk of the Court
MAILING ADDRESS:		BY:EDWARD SANTOS
CITY AND ZIP CODE: San Francisco, CA 94102		Deputy Clerk
BRANCH NAME: Civic Center Courthouse		
Plaintiff/Petitioner: Laurence Vinocur		
Defendant/Respondent: Circle Glass LLC, et al.		
		CASE NUMBER:
REQUEST FOR DISM	ISSAL	CG.C-18-568571
A conformed copy will not be returned by the cler	k unless a method of return is pro	vided with the document.
This form may not be used for dismissal of a deri-	ative action or a class action or o	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 fo	lows:	
a. (1) With prejudice (2) X Witho		
b. (1) X Complaint (2) Petition	•	
None of the Control o	***	an (data).
(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 ca	uses of action	
(6) Other (specify):*		
2. (Complete in all cases except family law cases.)		
	ees and costs for a party in this case	. (This information may be obtained from the
clerk. If court fees and costs were waived, the deci		
Date: May 6, 2019		
Clifford A. Chanler	▶ Cluss	CLM
(TYPE OR PRINT NAME OF X ATTORNEY PARTY WITHOU	TATTORNEY)	(SIGNATURE)
*If dismissal requested is of specified parties only of specified causes		(
or of specified cross-complaints only, so state and identify the parties,		•
action, or cross-complaints to be dismissed.	Cross Comp	International Control of the Control
3. TO THE CLERK: Consent to the above dismissal	is hereby given.**	
Date:		
	>	
(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOU	T ATTORNEY)	(SIGNATURE)
** If a cross-complaint - or Response (Family Law) seeking affirmative		rithout attorney for:
relief – is on file, the attorney for cross-complainant (respondent) must	sign Plaintiff/Petiti	
this consent if required by Code of Civil Procedure section 581 (i) or (j	Cross Compl	Transmission of the Control of the C
	homomorphism — " E" :	
(To be completed by clerk)		
4. Dismissal entered as requested on (date):		
5 Dismissal entered on (date):	as to only (name):	DISMISSAL ENTERED
6. Dismissal not entered as requested for the t		DISMISSAL ENTERED
homeson in the state of the sta	topouty).	
7. a. Attorney or party without attorney notified	on (date):	
b. Attorney or party without attorney not not		
	means to return conformed copy	
		E ^{rre} t a sa e side s
Date: Clerk, I)V	, Deputy Page 1 of 2

Plaintiff/Petitioner: Laurence Vinocur

Defendant/Respondent: Circle Glass LLC, et al.

CASE NUMBER:
CGC-18-568571

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.)

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):	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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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	
3	where the mailing took place. My business address is 2550 Ninth Street, Parker Plaza, Suite Berkeley, California 94710-2565.	
4	On May 6, 2019, I caused the following document(s) to be served, described as:	
5	REQUEST FOR DISMISSAL	
6	on each interested party as follows:	
7	Paul S. Rosenlund, Esq. Duane Morris LLP	
Spear Tower One Market Plaza, Suite 2200 San Francisco, CA 94105 Attorneys for Circle Glass LLC		
	San Francisco, CA 94105	
	Autorneys for Circle Glass LLC	
11	[X] (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, w	
12	postage thereon fully prepaid, for collection and mailing in one of the United States Post Office Boxes located outside of the Parker Plaza Office Complex, located at 2560 Ninth Street, Berkeley	
13	California.	
14	Executed this 6th day of May 2019, 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.	
15	perjury under the laws of the State of Camorina that the foregoing is true and correct.	
16	Chino Do	
17	Lindsey Cady	
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arabanou.		

PROOF OF SERVICE