

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: 135534  
 NAME: Clifford A. Chanler  
 FIRM NAME: THE CHANLER GROUP  
 STREET ADDRESS: 2550 Ninth Street, Suite 205  
 CITY: Berkeley STATE: CA ZIP CODE: 94710  
 TELEPHONE NO.: (510) 848-8880 FAX NO.: (510) 848-8118  
 E-MAIL ADDRESS: clifford@chanler.com  
 ATTORNEY FOR (Name): Plaintiff, John Moore

FOR COURT USE ONLY

**FILED**

**MAY 23 2019**

JAMES M. KIM, Court Executive Officer  
 MARIN COUNTY SUPERIOR COURT  
 By: T. Thomason, Deputy

CASE NUMBER:  
 CIV1802667

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Marin  
 STREET ADDRESS: 3501 Civic Center Drive  
 MAILING ADDRESS:  
 CITY AND ZIP CODE: San Rafael, CA 94903  
 BRANCH NAME: Marin County Civic Center

Plaintiff/Petitioner: JOHN MOORE  
 Defendant/Respondent: POPPIN, INC., ET AL.

**REQUEST FOR DISMISSAL**

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.)

RY FAX

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):\*

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 23, 2019  
 Clifford A. Chanler

(TYPE OR PRINT NAME OF  ATTORNEY  PARTY WITHOUT ATTORNEY) (SIGNATURE)

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: \_\_\_\_\_ (SIGNATURE)

(TYPE OR PRINT NAME OF  ATTORNEY  PARTY WITHOUT ATTORNEY)

\*\* 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 (i) or (j).

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

(To be completed by clerk) **MAY 23 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 reasons (specify):

7. a.  Attorney or party without attorney notified on (date): JAMES M. KIM  
 b.  Attorney or party without attorney not notified. Filing party failed to provide  
 a copy to be conformed  means to return conformed copy T. THOMASON  
 Date: **MAY 23 2019** Clerk, by \_\_\_\_\_, Deputy

Plaintiff/Petitioner: JOHN MOORE Defendant/Respondent: POPPIN, INC., ET AL.	CASE NUMBER: CIV1802667
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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:

\_\_\_\_\_ ▶ \_\_\_\_\_

(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 2550 Ninth Street, Suite 205, Berkeley, California 94710.

On May 23, 2019, I caused the following document(s) to be served, described as:

**REQUEST FOR DISMISSAL**

on each interested party as follows:

Edward P. Sangster, Esq.  
K&L GATES LLP  
Four Embarcadero Center  
Suite 1200  
San Francisco, CA 94111  
*Attorneys for Poppin, Inc.*

(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 in one of the United States Post Office Boxes located outside of the Parker Plaza Office Complex, located at 2560 Ninth Street, Berkeley, California.

Executed this 23rd 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.

  
\_\_\_\_\_  
Edwin Rhodes