

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: 135534 NAME: Clifford A. Chanler FIRM NAME: THE CHANLER GROUP STREET ADDRESS: 2560 Ninth Street, Parker Plaza, Suite 214 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, Peter Englander	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Francisco STREET ADDRESS: 400 McAllister Street MAILING ADDRESS: CITY AND ZIP CODE: San Francisco, CA 94102 BRANCH NAME: Civic Center Courthouse	
Plaintiff/Petitioner: Peter Englander Defendant/Respondent: Southern Marketing Associates, Inc., et al.	
REQUEST FOR DISMISSAL	
CASE NUMBER: CGC-18-570961	

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):
 - (4) Cross-complaint filed by (name):
 - (5) Entire action of all parties and all causes of action
 - (6) Other (specify):*

on (date):
on (date):

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: March 18, 2019
 Clifford A. Chanler

(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)


 (SIGNATURE)

*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)


 (SIGNATURE)

** 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)

- 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):
- b. Attorney or party without attorney not notified. Filing party failed to provide a copy to be conformed means to return conformed copy

Date: Clerk, by _____, Deputy Page 1 of 2

Plaintiff/Petitioner: Peter Englander Defendant/Respondent: Southern Marketing Affiliates, Inc., et al.	CASE NUMBER: CGC-18-570961
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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 employed in the County of Alameda, State of California. I am a citizen of the United States, over the age of 18 years, and not a party to the within action. My business address is 2560 Ninth Street, Parker Plaza, Suite 214, Berkeley, California 94710-2565.

On March 19, 2019, I caused to be served the following document(s), described as,

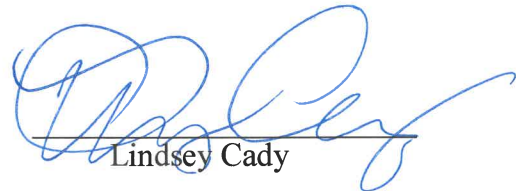
REQUEST FOR DISMISSAL

on each interested party as follows:

Timothy V. Logoluso
GILMORE MAGNESS JANISSE
7789 N. Ingram Avenue, Suite 105
Fresno, CA 93711
Attorneys for Southern Marketing Affiliates, Inc.

XXXXX (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 9th Street, Berkeley, California.

Executed this 19th day of March 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.



Lindsey Cady