

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
Laralei S. Paras State Bar No. 203319
Seven Hills LLP
4 Embarcadero Center, Suite 1400
San Francisco, CA 94111
TELEPHONE NO.: (415) 926-7247 FAX NO. (Optional):
E-MAIL ADDRESS (Optional): laralei@sevenhillsllp.com
ATTORNEY FOR (Name): Plaintiff, Keep America Safe and Beautiful

FOR COURT USE ONLY

**ELECTRONICALLY
FILED**
Superior Court of California,
County of San Francisco
04/12/2022
Clerk of the Court
BY: JACKIE LAPREVOTTE
Deputy Clerk

SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Francisco
STREET ADDRESS: 400 McAllister Street
MAILING ADDRESS: 400 McAllister Street
CITY AND ZIP CODE: San Francisco 94102
BRANCH NAME: Civic Center Courthouse

PLAINTIFF/PETITIONER: Keep America Safe and Beautiful
DEFENDANT/RESPONDENT: Obbomed Group, LLC, et al.

REQUEST FOR DISMISSAL
 Personal Injury, Property Damage, or Wrongful Death
 Motor Vehicle Other
 Family Law Eminent Domain
 Other (specify) : Health and Safety Code § 25249.6 et seq. (Prop. 65)

CASE NUMBER:
CGC-21-595555

- A conformed copy will not be returned by the clerk unless a method of return is provided with the document. -

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):* As to Obbomed Group, LLC only

on (date):
on (date):

2. (Complete in all cases except family law cases.)


Court fees and costs were waived for a party in this case. (This information may be obtained from the clerk. If this box is checked, the declaration on the back of this form must be completed).

Date: April 11, 2022

Laralei S. Paras

(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)

*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.



(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:

(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).



(SIGNATURE)

Attorney or party without attorney for:

- Plaintiff/Petitioner Defendant/Respondent
 Cross-Complainant

DISMISSAL ENTERED
04/12/2022
By: JACKIE LAPREVOTTE
Deputy Clerk

(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

PLAINTIFF/PETITIONER: Keep America Safe and Beautiful	CASE NUMBER:
DEFENDANT/RESPONDENT: Obbomed Group, LLC, et al.	CGC-21-595555

Declaration Concerning Waived Court Fees

The court has a statutory lien for waived fees and costs on any recovery of \$10,000 or more in value by settlement, compromise, arbitration award, mediation settlement, or other recovery. The court's lien must be paid before the court will dismiss the case.

1. The court waived fees and costs in this action for *(name)*:
2. The person in item 1 *(check one)*:
 - a. is not recovering anything of value by this action.
 - b. is recovering less than \$10,000 in value by this action.
 - c. is 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 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 the age of eighteen (18) years and not a party to the within action. Seven Hills LLP's business address is 4 Embarcadero Center, Suite 1400, San Francisco, California, 94111.

On April 12, 2022, I caused the following document(s) to be served, described as:

REQUEST FOR DISMISSAL

on each interested party as follows:

Ker-She Liang, Chief Executive Officer Obbomed Group LLC 1210 E. Lexington Ave. Pomona, CA 91766	CSC - Lawyers Incorporating Service Agent for Service of Process for Amazon.com, Inc. 2710 Gateway Oaks Drive, Suite 150N Sacramento, CA 95833-3505
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XXXXX (BY MAIL) I placed envelopes with postage thereon fully pre-paid postage in the United States mail a true and correct copy of the foregoing document(s), in sealed envelope(s) addressed to each interested party as set forth above, with delivery fees paid.

Executed this 12th day of April, 2022, at Folsom, California, I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.



Wing-Yee Mercier