

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: Michael J. Manning FIRM NAME: Manning Law, APC STREET ADDRESS: 26100 Towne Centre Drive CITY: Foothill Ranch STATE: CA ZIP CODE: 92610 TELEPHONE NO.: 949-200-8755 FAX NO.: 866-843-8308 EMAIL ADDRESS: disabilityrights@manninglawoffice.com ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 825 Maple Ave. MAILING ADDRESS: 825 Maple Ave. CITY AND ZIP CODE: Torrance, 90503 BRANCH NAME: Torrance Courthouse	
PLAINTIFF/PETITIONER: Calsafe Research Center DEFENDANT/RESPONDENT: Carrington Foods, Inc.	
REQUEST FOR DISMISSAL	CASE NUMBER: 25TRCV03998
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 (3) ☐ Without prejudice and with the court retaining jurisdiction (Code Civ. Proc., § 664.6)
- b. (1) ☐ Complaint (2) ☐ Petition
 (3) ☐ Cross-complaint filed on (date): by (name):
 (4) ☐ Cross-complaint filed on (date): by (name):
 (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: 7/31/2026

Michael J. Manning

(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 item 1a(3) is checked, all parties must sign.

If a cross-complaint—or Response—Marriage/Domestic Partnership (form FL-120) 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).

☐ Check here and use form MC-025 or a separate page for additional signatures. Include date, printed name, and party information.

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

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PLAINTIFF/PETITIONER: Calsafe Research Center
 DEFENDANT/RESPONDENT: Carrington Foods, Inc.

CASE NUMBER:
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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)

PROOF OF SERVICE - CCP.1013A
STATE OF CALIFORNIA

I, the undersigned, am employed in the County of Orange, State of California. I am over the age of eighteen (18) years and not a party to the cause. My business address is 26100 Towne Centre Drive, Foothill Ranch, CA 92610

On 7/31/2026, I served the true copies of the foregoing document described as

REQUEST FOR DISMISSAL

J. Stephen Harvey
McDowell Knight Roedder & Sledge, LLC
RSA Battlehouse Tower
11 North Water Street, Suite 13290 (36602)
Post Office Box 350

[X] BY United States Postal Service: The documents were mailed as set forth above by U.S. Mail and placed in sealed, addressed envelopes on the above date and deposited into a U.S. Postal Service Mail box on the date set forth above, with postage thereon fully prepaid at Newport Beach, California prior to the time for collection on that day.

☐ BY Electronic Mail or Electronic Transmission. I caused each such document to be transmitted electronically to the parties at the e-mail address indicated via Onelegal e-service. To the best of my knowledge, the transmission was reported as complete and no error was reported that it was not completed.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this affidavit was executed on 7/31/2026.

Ben M. Zure

Andrea Miller-Jaszewski