

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Evan J. Smith, Esq., SBN 242352 Brodsky & Smith, LLC, 9595 Wilshire Blvd., Ste. 900, Beverly Hills, CA 90212 TELEPHONE NO: 877-594-2590 FAX NO. (Optional): 310-247-0160 E-MAIL ADDRESS (Optional): esmith@brodsky-smith.com ATTORNEY FOR (Name): Martha Velarde		FOR COURT USE ONLY  <b>ENDORSED FILED ALAMEDA COUNTY</b>  <b>FEB 11 2016</b>  CLERK OF THE SUPERIOR COURT By _____ Deputy
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Alameda STREET ADDRESS: Administration Building, 1221 Oak Street MAILING ADDRESS: Administration Building, 1221 Oak Street CITY AND ZIP CODE: Oakland, CA 94612 BRANCH NAME:		
PLAINTIFF/PETITIONER: Martha Velarde DEFENDANT/RESPONDENT: SAS Safety Corporation and KMart Corporation		
<b>REQUEST FOR DISMISSAL</b>		CASE NUMBER: RG15789607
<b>A conformed copy will not be returned by the clerk unless a method of return is provided with the document.</b>		
<b>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.)</b>		

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):

BY FAX

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: February 11, 2016

Evan J. Smith, \_\_\_\_\_  
 (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: February 11, 2016

Evan J. Smith, \_\_\_\_\_  
 (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)

**FEB 11 2016**

- 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: **FEB 11 2016**

Clerk, by CHERYL CLARK, Deputy  
Chad Finke