ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: 203319	FOR COURT USE ONLY
NAME: Laralei S. Paras	7 ST SOST OLE STEE
FIRM NAME: Seven Hills LLP	
STREET ADDRESS: 4 Embarcadero Center, Suite 1400	
CITY: San Francisco STATE: CA ZIP	CODE: 94111
TELEPHONE NO.: 415-926-7247 FAX NO.:	DEC 0 8 2020
E-MAIL ADDRESS: laralei@sevenhillsllp.com	
ATTORNEY FOR (Name): Plaintiff, Center for Advanced Public Awareness	K. BIEKER CLERK OF THE COURT K. BIEKER CLERK OF THE COURT SUPERIOR COURT OF CONTRA COSTA SUPERIOR COURT OF CONTRA COSTA
SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA	COOKITOT
STREET ADDRESS: 725 Court Street	T. Schrader, Deputy Clerk
MAILING ADDRESS:	
CITY AND ZIP CODE: Martinez 94553 BRANCH NAME: Wakefield Taylor Courthouse	
Plaintiff/Petitioner: Center for Advanced Public Awareness ("C	APA")
Defendant/Respondent: American Beauty Equipment LLC, et al.	
	CASE NUMBER:
REQUEST FOR DISMISSAL	C20-01841
	oth and of materials in many ideal width the elegations on the
A conformed copy will not be returned by the clerk unless a mo	·
This form may not be used for dismissal of a derivative action action. (Cal. Rules of Court, rules 3.760 and 3.770.)	or a class action or of any party or cause of action in a class
TO THE CLERK: Please dismiss this action as follows:	
a. (1) With prejudice (2) X Without prejudice	
b. (1) Complaint (2) Petition	
(3) Cross-complaint filed by (name):	on (date):
(4) Cross-complaint filed by (name):	on (date):
T C Comments	
(6) X Other (specify):* Each party to bear its own co	1515.
 (Complete in all cases except family law cases.) The court did id id id id id id id id	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	a back of this form must be completed).
Date: December 7, 2020	XXV
Laralei S. Paras	
(TYPE OR PRINT NAME OF X ATTORNEY PARTY WITHOUT ATTORNEY)	(SIGNATURE)
*If dismissal requested is of specified parties only of specified causes of action only,	Attorney or party without attorney for:
or of specified cross-complaints only, so state and identify the parties, causes of	x Plaintiff/Petitioner Defendant/Respondent
action, or cross-complaints to be dismissed.	Cross Complainant
3. TO THE CLERK: Consent to the above dismissal is hereby give	en.**
Date:	
Date.	
(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)	(SIGNATURE)
** If a cross-complaint – or Response (Family Law) seeking affirmative	Attorney or party without attorney for:
relief - is on file, the attorney for cross-complainant (respondent) must sign	Plaintiff/Petitioner Defendant/Respondent
this consent if required by Code of Civil Procedure section 581 (i) or (j).	Cross Complainant
man of the second secon	
(To be completed by clerk) DEC -	· 8 202n
4. Dismissal entered as requested on (date):	
	as to only (name):
6. Dismissal not entered as requested for the following reason.	ons (specify):
7. a. Attorney or party without attorney notified on (date):	
b. Attorney or party without attorney not notified. Filing party failed to provide	
11FC - 8 2020 Clark to	
Date: Deputy Page 1 of 2	