

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
Laralei Paras, State Bar No. 203319
SEVEN HILLS LLP
Four 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
06/23/2022
Clerk of the Court
BY: VANESSA WU
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: Unlimited Civil

PLAINTIFF/PETITIONER: Keep America Safe and Beautiful
DEFENDANT/RESPONDENT: Walmart, Inc., 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-21-595276

- 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):* Each party to bear its own costs

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: June 23, 2022

Laralei 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).

Attorney or party without attorney for:

- Plaintiff/Petitioner Defendant/Respondent
 Cross-Complainant

DISMISSAL ENTERED
06/23/2022
By: VANESSA WU
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 DEFENDANT/RESPONDENT: Walmart, Inc., et al.	CASE NUMBER: CGC-21-595276
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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.
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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)