

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): 290311 Parker A. Smith (290311), SY AND SMITH, PC. 11622 El Camino Real, Suite 100, San Diego, CA 92130 TELEPHONE NO.: (858) 746-9554 FAX NO. (Optional): (858) 746-5199 E-MAIL ADDRESS (Optional): parker@sysmithlaw.com ATTORNEY FOR (Name): Plaintiff, Kingpun Cheng	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego STREET ADDRESS: 330 W. Broadway MAILING ADDRESS: Same CITY AND ZIP CODE: San Diego, CA 92101 BRANCH NAME: Hall of Justice	
PLAINTIFF/PETITIONER: KINGPUN CHENG DEFENDANT/RESPONDENT: BIG GAME INTERNATIONAL, et al.	
REQUEST FOR DISMISSAL	CASE NUMBER: 37201800060246CUNPCT

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:

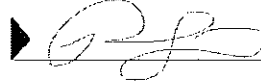
- a. (1) With prejudice (2) Without prejudice
- b. (1) Complaint (2) Petition
- (3) Cross-complaint filed by (name): _____ on (date): _____
- (4) Cross-complaint filed by (name): _____ on (date): _____
- (5) Entire action of all parties and all causes of action
- (6) Other (specify):*

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: 3/24/2020

Parker A. Smith, _____
(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)

 Electronic Signature
(SIGNATURE)

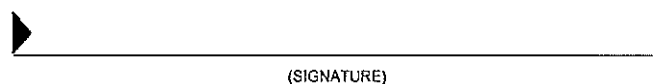
*If dismissal requested is of specified parties only of specified causes of action only, or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed.

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: _____

(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)

- 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: KINGPUN CHENG DEFENDANT/RESPONDENT: BIG GAME INTERNATIONAL, et al.	CASE NUMBER: 37201800060246CUNPCT
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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)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): 290311 Parker A. Smith (290311), SY AND SMITH, PC. 11622 El Camino Real, Suite 100, San Diego, CA 92130 TELEPHONE NO.: (858) 746-9554 FAX NO.: (858) 746-5199 E-MAIL ADDRESS: parker@sysmithlaw.com ATTORNEY FOR (Name): Plaintiff, Kingpun Cheng	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego STREET ADDRESS: 303 W. Broadway MAILING ADDRESS: Same CITY AND ZIP CODE: San Diego, CA 92101 BRANCH NAME: Hall of Justice	
PLAINTIFF/PETITIONER: KINGPUN CHENG DEFENDANT/RESPONDENT: BIG GAME INTERNATIONAL, et al.	
NOTICE OF ENTRY OF DISMISSAL AND PROOF OF SERVICE <input type="checkbox"/> Personal Injury, Property Damage, or Wrongful Death <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <input type="checkbox"/> Family Law <input type="checkbox"/> Eminent Domain <input checked="" type="checkbox"/> Other (specify): Proposition 65	CASE NUMBER: 37-2018-00060246-CU-NP-CTL


TO ATTORNEYS AND PARTIES WITHOUT ATTORNEYS: A dismissal was entered in this action by the clerk as shown on the Request for Dismissal. (Attach a copy completed by the clerk.)

Date: March 24, 2020

Parker A. Smith

(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)

Electronic Signature



(SIGNATURE)

PROOF OF SERVICE

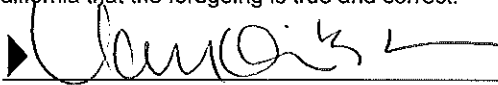
- I am over the age of 18 and not a party to this cause. My residence or business address is:
11622 El Camino Real, Suite 100, San Diego, CA 92130
- I am a resident of or employed in the county where the mailing occurred. I served a copy of the Notice of Entry of Dismissal and Request for Dismissal by mailing them, in a sealed envelope with postage fully prepaid, as follows:
 - I deposited the envelope with the United States Postal Service.
 - I placed the envelope for collection and processing for mailing following this business's ordinary practice with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.
 - Date of deposit: _____
 - Place of deposit (city and state): San Diego, CA
 - Addressed as follows (name and address):
See attached POS 040(P)
- I served a copy of the Notice of Entry of Dismissal and Request for Dismissal by personally delivering copies as shown below:
 - Name of person served: _____
 - Address at which person served: _____
 - On (date): _____
 - At (time): _____
- I served a copy of the Notice of Entry of Dismissal and Request for Dismissal by electronically serving copies as shown below (complete if electronic service is used based on a court order or agreement of the parties):
 - Name of person served: _____
 - Electronic service address of person served: _____
 - On (date): _____
 - At (time): _____
 - Electronic service address from which I served the documents: _____ Proof of electronic service is attached.
- Proof of service on additional parties is attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 3/25/2020

Yayoi Love

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

SHORT TITLE: KINGPUN CHENG v. BIG GAME INTERNATIONAL, et al.	CASE NUMBER: 37-2018-00060246-CU-NP-CTL
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ATTACHMENT TO PROOF OF SERVICE—CIVIL (PERSONS SERVED)

(This attachment is for use with form POS-040.)

NAMES, ADDRESSES, AND OTHER APPLICABLE INFORMATION ABOUT PERSONS SERVED:

<u>Name of Person Served</u> <small><i>(If the person served is an attorney, the party or parties represented should also be stated.)</i></small>	<u>Where Served</u> <small><i>(Provide business or residential address where service was made by personal service, mail, overnight delivery, or messenger service. For other means of service, provide fax number or electronic service address, as applicable.)</i></small>	<u>Time of Service</u> <small><i>(Complete for service by fax transmission or electronic service.)</i></small>
Prop 65 Coordinator Office of Attorney General	1515 Clay Street, Suite 2000 P.O.Box 70550 Oakland, CA 94612-0500	Time: _____
Attorneys for Defendant WAL-MART STORES, INC. Thomas L. Van Wyngarden	725 S. Figueroa Street, Suite 2800 Los Angeles, CA 90017	Time: _____
		Time: _____
		Time: _____
		Time: _____
		Time: _____
		Time: _____
		Time: _____
		Time: _____
		Time: _____
		Time: _____
		Time: _____