

CIV-110

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: 282818 NAME: Caspar Jivalagian, Esq. FIRM NAME: KJT Law Group, LLP STREET ADDRESS: 230 N. Maryland Avenue, Suite 306 CITY: Glendale STATE: CA ZIP CODE: 91206 TELEPHONE NO.: 818-507-8525 FAX NO.: 818-507-8588 E-MAIL ADDRESS: caspar@kjtlawgroup.com ATTORNEY FOR (Name): PLAINTIFF TAMAR KALOUSTIAN	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 111 N. Hill Street MAILING ADDRESS: 111 N. Hill Street CITY AND ZIP CODE: Los Angeles, CA 90012 BRANCH NAME: Stanley Mosk Courthouse	
Plaintiff/Petitioner: TAMAR KALOUSTIAN Defendant/Respondent: SOURCE NATURALS, INC.	
REQUEST FOR DISMISSAL	CASE NUMBER: 18STCV07033
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):
- (4) ☐ Cross-complaint filed by (name):
- (5) ☒ Entire action of all parties and all causes of action
- (6) ☐ Other (specify):*

on (date):

on (date):

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: 01/16/2019

Caspar Jivalagian, Esq.

(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)

(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): 01/16/195. ☐ 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): 01/16/19

- b. ☐ Attorney or party without attorney not notified. Filing party failed to provide
- ☐ a copy to be conformed ☐ means to return conformed copy

Date: 01/16/19 Sherri R. Carter Executive Officer / Clerk of Court Clerk, by Machaelle D. Thomas

Deputy

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