

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Alan R. Brayton, Esq (Bar #73685) Brayton & Purcell 222 Rush Landing Road, Novato, CA 94948 TELEPHONE NO.: (415) 898-1555 FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Plaintiff, YSIDRO LIMON, SR.	FOR COURT USE ONLY ELECTRONICALLY FILED <i>Superior Court of California, County of San Francisco</i> 12/21/2017 Clerk of the Court BY: NADITA MASON Deputy Clerk
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Francisco STREET ADDRESS: 400 McAllister Street MAILING ADDRESS: CITY AND ZIP CODE: San Francisco 94102 BRANCH NAME:	CASE NUMBER: CGC-15-276378
PLAINTIFF/PETITIONER: YSIDRO LIMON, SR. DEFENDANT/RESPONDENT: AMCORD, INC., et al.	
REQUEST FOR DISMISSAL	
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):* As to defendant **FAMILIAN CORPORATION** only. Each party to bear its own costs.

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: **JULY 26, 2017**

Alan R. Brayton

(TYPE OR PRINT NAME OF ☒ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

 for Alan R. Brayton
(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

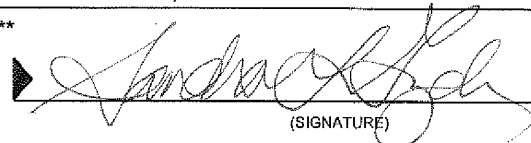
☐ Cross-Complainant

3. TO THE CLERK: Consent to the above dismissal is hereby given.**

Date: **12/20/17**

Sandra L. Gryder

(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):

DISMISSAL ENTERED

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