

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.	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Francisco STREET ADDRESS: 400 McAllister Street MAILING ADDRESS: CITY AND ZIP CODE: San Francisco 94102 BRANCH NAME:	
PLAINTIFF/PETITIONER: YSIDRO LIMON, SR. DEFENDANT/RESPONDENT: AMCORD, INC., et al.	
REQUEST FOR DISMISSAL	CASE NUMBER: CGC-15-276378

FOR COURT USE ONLY

**ELECTRONICALLY  
FILED***Superior Court of California,  
County of San Francisco***01/03/2017****Clerk of the Court**

BY: MADONNA CARANTO

Deputy Clerk

**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 prejudiceb. (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 GEORGIA-PACIFIC LLC, f/k/a Georgia-Pacific 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: NOVEMBER 7 2016

Alan R. Brayton

(TYPE OR PRINT NAME OF  ATTORNEY  PARTY WITHOUT ATTORNEY)

for Alan R. Brayton

(SIGNATURE)

## Attorney or party without attorney for:

<input checked="" type="checkbox"/> Plaintiff/Petitioner	<input type="checkbox"/> Defendant/Respondent
<input type="checkbox"/> 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)

## Attorney or party without attorney for:

<input type="checkbox"/> Plaintiff/Petitioner	<input type="checkbox"/> Defendant/Respondent
<input type="checkbox"/> 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

PLAINTIFF/PETITIONER: YSIDRO LIMON, SR.	CASE NUMBER:
DEFENDANT/RESPONDENT: AMCORD, INC., et al.	CGC-15-276378

**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)

## PROOF OF SERVICE

I, Susan Youngquist, am a resident of the State of California, over the age of eighteen years, and not a party to the within action. My business address is Perkins Coie LLP, 505 Howard Street, Suite 1000, San Francisco, CA 94105. On January 3, 2017, I served the following document(s):

## REQUEST FOR DISMISSAL

on all interested parties in this action:

XX BY ELECTRONIC MAIL: I provided the document(s) listed above to the File & ServeXpress website pursuant to their instructions on that website. If the document(s) is/are provided electronically by 5:00 p.m., then the document will be deemed served on the date that it was provided to File & ServeXpress.

I declare under penalty of perjury under the laws of the State of California and the United States of America that the foregoing is true and correct and was executed in San Francisco, California.

DATED: January 3, 2017



Susan Youngquist