

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Mark R. Mittelman (SBN 96598) Law Offices of Mark R. Mittelman, 575 Lennon Lane, Suite 150, Walnut Creek, CA 94598 TELEPHONE NO.: (925) 256-0677 FAX NO.: (925) 256-0679 E-MAIL ADDRESS: ATTORNEY FOR (Name): 1979 Union Street Corporation, Defendant/Cross-complainant	FOR COURT USE ONLY ELECTRONICALLY FILED <i>Superior Court of California, County of San Francisco</i> 08/28/2017 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-15-543471
PLAINTIFF/PETITIONER: Aaron Abel DEFENDANT/RESPONDENT: 1979 Union Street Corporation, et al.	
NOTICE OF ENTRY OF DISMISSAL AND PROOF OF SERVICE <input checked="" 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 type="checkbox"/> Other (specify):	

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: August 21, 2017

Mark R. Mittelman (SBN 96598)

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

(SIGNATURE)

PROOF OF SERVICE

1. I am over the age of 18 and not a party to this cause. My residence or business address is:
575 Lennon Lane, Suite 150, Walnut Creek, CA 94598
2. ☒ 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:
 - a. ☐ I deposited the envelope with the United States Postal Service.
 - b. ☒ 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.
 - c. Date of deposit: 8/28/2017
 - d. Place of deposit (city and state): Walnut Creek, CA
 - e. Addressed as follows (name and address): Joseph S. May, Law Offices of Joseph S. May
1388 Sutter St., Suite 810, San Francisco, CA 94109
3. ☐ I served a copy of the *Notice of Entry of Dismissal* and *Request for Dismissal* by personally delivering copies as shown below:
 - a. Name of person served:
 - b. Address at which person served:
 - c. On (date):
 - d. At (time):
4. ☐ 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):
 - a. Name of person served:
 - b. Electronic service address of person served:
 - c. On (date):
 - d. At (time):
 - e. Electronic service address from which I served the documents:
 - ☐ Proof of electronic service is attached.
5. ☒ 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: August 28, 2017

Megan Slane

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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Attachments

Attachment 5: Additional Parties Served

Person Served: Thomas W.J. Purtell, Law Offices of Thomas W.J. Purtell

Address of Service: 534 Pacific Ave., Suite 200, San Francisco, CA 94133

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Joseph S. May 245924 Law Office of Joseph S. May 1388 Sutter Street, Suite 810, San Francisco, CA 94109 TELEPHONE NO.: (415) 781-3333 FAX NO. (Optional): (415) 707-6600 E-MAIL ADDRESS (Optional): joseph@josephmaylaw.com ATTORNEY FOR (Name): Plaintiff Aaron Abel	FOR COURT USE ONLY ELECTRONICALLY FILED Superior Court of California, County of San Francisco 08/21/2017 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, CA 94102 BRANCH NAME: Civic Center Courthouse	
PLAINTIFF/PETITIONER: Aaron Abel DEFENDANT/RESPONDENT: 1979 Union Street Corp.	
REQUEST FOR DISMISSAL	CASE NUMBER: CGC-15-543471
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):* Only as to Defendant 1979 Union Street Corporation, parties to bear their own costs & attorney fees

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: June 8, 2017

Joseph S. May _____
 (TYPE OR PRINT NAME OF ☒ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

*If dismissal requested is of specified parties only or 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 (l) 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

PLAINTIFF/PETITIONER: Aaron Abel DEFENDANT/RESPONDENT: 1979 Union Street Corp.	CASE NUMBER: CGC-15-543471
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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)