

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Eunice W. Yang, Esq. [SBN 268399] Dale Minami, Esq. [SBN 51161] MINAMI TAMAKI LLP 360 Post Street, 8th Floor San Francisco, CA 94108 TELEPHONE NO.: 415-788-9000 FAX NO. (Optional): 415-398-3887 E-MAIL ADDRESS (Optional): dminami@minamitamaki.com ATTORNEY FOR (Name): Plaintiffs MAY TING and FONG TING	FOR COURT USE ONLY ELECTRONICALLY FILED Superior Court of California, County of San Francisco 03/04/2015 Clerk of the Court BY: KEITH TOM Deputy Clerk
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Francisco STREET ADDRESS: 400 McAllister Street MAILING ADDRESS: 400 McAllister Street CITY AND ZIP CODE: San Francisco, CA 94102 BRANCH NAME: Civic Center Courthouse	
PLAINTIFF/PETITIONER: MAY TING and FONG TING DEFENDANT/RESPONDENT: DEBORA ANN LEE	
NOTICE OF SETTLEMENT OF ENTIRE CASE	
CASE NUMBER: CGC-14-543474 JUDGE: DEPT.:	

NOTICE TO PLAINTIFF OR OTHER PARTY SEEKING RELIEF

You must file a request for dismissal of the entire case within 45 days after the date of the settlement if the settlement is **unconditional**. You must file a dismissal of the entire case within 45 days after the date specified in item 1b below if the settlement is **conditional**. Unless you file a dismissal within the required time or have shown good cause before the time for dismissal has expired why the case should not be dismissed, the court will dismiss the entire case.

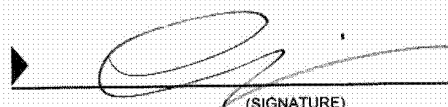
To the court, all parties, and any arbitrator or other court-connected ADR neutral involved in this case:

- This entire case has been settled. The settlement is:
 - ☐ **Unconditional**. A request for dismissal will be filed within 45 days after the date of the settlement.
Date of settlement:
 - ☒ **Conditional**. The settlement agreement conditions dismissal of this matter on the satisfactory completion of specified terms that are not to be performed within 45 days of the date of the settlement. A request for dismissal will be filed no later than (date): July 31, 2015
- Date initial pleading filed: January 2, 2015
- Next scheduled hearing or conference: Case Management Conference
 - Purpose: Initial Case Management Conference
 - ☒ (1) Date: June 3, 2015
(2) Time: 10:30 a.m.
(3) Department: 610
- Trial date:
 - ☒ No trial date set.
 - ☐ (1) Date:
(2) Time:
(3) Department:

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

Date: March 4, 2015

Eunice W. Yang, Esq. [SBN 268399]
 (TYPE OR PRINT NAME OF ☒ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)


 (SIGNATURE)

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PLAINTIFF/PETITIONER: MAY TING and FONG TING

CASE NUMBER:

CGC-14-543474

DEFENDANT/RESPONDENT: DEBORA ANN LEE

PROOF OF SERVICE BY FIRST-CLASS MAIL**NOTICE OF SETTLEMENT OF ENTIRE CASE**

(NOTE: You cannot serve the Notice of Settlement of Entire Case if you are a party in the action. The person who served the notice must complete this proof of service.)

1. I am at least 18 years old and **not a party to this action**. I am a resident of or employed in the county where the mailing took place, and my residence or business address is *(specify)*:

2. I served a copy of the *Notice of Settlement of Entire Case* by enclosing it in a sealed envelope with postage fully prepaid and *(check one)*:
 - a. ☐ deposited the sealed envelope with the United States Postal Service.
 - b. ☐ placed the sealed envelope for collection and processing for mailing, following this business's usual practices, 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.
3. The *Notice of Settlement of Entire Case* was mailed:
 - a. on *(date)*:
 - b. from *(city and state)*:
4. The envelope was addressed and mailed as follows:


<ol style="list-style-type: none"> a. Name of person served: Street address: City: State and zip code: b. Name of person served: Street address: City: State and zip code: 	<ol style="list-style-type: none"> c. Name of person served: Street address: City: State and zip code: d. Name of person served: Street address: City: State and zip code:
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☐ Names and addresses of additional persons served are attached. *(You may use form POS-030(P).)*
5. Number of pages attached _____.

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

Date:

 (TYPE OR PRINT NAME OF DECLARANT)



 (SIGNATURE OF DECLARANT)