


ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: 262007 NAME: Sean A. Brady FIRM NAME: Michel & Associates, P.C. STREET ADDRESS: 180 East Ocean Blvd., Suite 200 CITY: Long Beach STATE: CA ZIP CODE: 90802 TELEPHONE NO.: (562) 216-4444 FAX NO.: (562) 216-4445 E-MAIL ADDRESS: sbrady@michellawyers.com ATTORNEY FOR (Name): Best Net Sale, Inc., et al.	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA STREET ADDRESS: 1225 Fallon Street MAILING ADDRESS: 1225 Fallon Street CITY AND ZIP CODE: Oakland, 94612 BRANCH NAME: Rene C. Davidson Courthouse	
Plaintiff/Petitioner: Best Net Sale, Inc., et al. Defendant/Respondent: County of Alameda, et al.	
REQUEST FOR DISMISSAL	CASE NUMBER: RG20061060
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):*
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 23, 2020
 Sean A. Brady
 (TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)




 (SIGNATURE)
 Attorney or party without attorney for:
 Plaintiff/Petitioner Defendant/Respondent
 Cross Complainant

*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.

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:
 Plaintiff/Petitioner Defendant/Respondent
 Cross Complainant

** 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).

(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): _____
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 Page 1 of 2

Plaintiff/Petitioner: Best Net Sale, Inc., et al.
 Defendant/Respondent: County of Alameda, et al.

CASE NUMBER:
 RG20061060

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)

1 **PROOF OF SERVICE**

2 STATE OF CALIFORNIA
3 COUNTY OF ALAMEDA

4 I, Laura Palmerin, am employed in the City of Long Beach, Los Angeles County,
5 California. I am over the age eighteen (18) years and am not a party to the within action. My
6 business address is 180 East Ocean Boulevard, Suite 200, Long Beach, California 90802.

7 On July 23, 2020, I served the foregoing document(s) described as

8 **REQUEST FOR DISMISSAL**

9 on the interested parties in this action by placing
10 the original
11 a true and correct copy
12 thereof by the following means, addressed as follows:

13 Kristy van Herick, Assistant County Counsel
14 Email: kristy.vanherick@acgov.org
15 Jill Sazama
16 Email: jill.sazama@acgov.org
17 Office of the County Counsel
18 1221 Oak Street, Suite 450
19 Oakland, CA 94612-4296
20 *Attorneys for Respondents-Defendants County of*
21 *Alameda, Dr. Erica Pan, Gregory J. Ahern, and*
22 *Nancy E. O'Malley*

23 X (BY ELECTRONIC MAIL) As follows: I served a true and correct copy by electronic
24 transmission to the emails shown above. Said transmission was reported and completed
25 without error.

26 X (STATE) I declare under penalty of perjury under the laws of the State of California that
27 the foregoing is true and correct.

28 Executed on July 23, 2020, at Long Beach, California.



Laura Palmerin

From: Nextiva vFax
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Attachments: 611946546.pdf

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