

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Ronald Richards, Esq. #176246 P.O. Box 11480 Beverly Hills, CA 90213 TELEPHONE NO.: 310-556-1001 FAX NO. (Optional): 310-277-3325 E-MAIL ADDRESS (Optional): ron@ronaldrichards.com ATTORNEY FOR (Name): Greg De Vries		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 111 N. Hill Street MAILING ADDRESS: Same CITY AND ZIP CODE: Los Angeles, CA 90012 BRANCH NAME: Central District- Stanley Mosk		REC'D FEB 16 2010 FILING WINDOW
PLAINTIFF/PETITIONER: Greg De Vries et. al. DEFENDANT/RESPONDENT: Kenneth A. Jowdy et. al.		
REQUEST FOR DISMISSAL <input 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 checked="" type="checkbox"/> Other (specify) : fraud, breach of fiduciary duty, accounting		CASE NUMBER: BC416081
- A conformed copy will not be returned by the clerk unless a method of return is provided with the document. -		

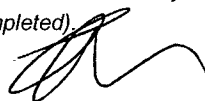
1. TO THE CLERK: Please **dismiss** this action as follows:
- a. (1) With prejudice (2) Without prejudice
- b. (1) Complaint (2) Petition
 (3) Cross-complaint filed by (name): on (date):
 (4) Cross-complaint filed by (name): on (date):
 (5) Entire action of all parties and all causes of action
 (6) Other (specify):*

2. (Complete in all cases except family law cases.)
 Court fees and costs were waived for a party in this case. (This information may be obtained from the clerk. If this box is checked, the declaration on the back of this form must be completed)

Date: February 16, 2010

Ronald Richards, Esq.

(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)



(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:

(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):
 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
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