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CIV-110

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
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 ATTORNEY FOR (Name) Plaintiff's People of the State of CA, ex rel. Liberty Mutual Ins. Corp., et al.

FOR COURT USE ONLY

COPY

SUPERIOR COURT OF CALIFORNIA
 COUNTY OF LOS ANGELES

OCT 27 2015

Sherrri R. Carter, Executive Officer/Clerk
 BY [Signature] Deputy
 Deborah McKinney

REQUEST FOR DISMISSAL

CASE NUMBER: BC572062

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES
 STREET ADDRESS: 600 S. Commonwealth Ave.
 MAILING ADDRESS:
 CITY AND ZIP CODE: Los Angeles 90005
 BRANCH NAME: Central Civil West Courthouse

PLAINTIFF/PETITIONER: People of the State of CA, ex rel. Liberty Mutual Ins. Corp., et al.

DEFENDANT/RESPONDENT: CPH Hospital Management, LLC, et al.

REQUEST FOR DISMISSAL

CASE NUMBER: BC572062

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.)

BY FAX

1. TO THE CLERK: Please dismiss this action as follows:

(1) With prejudice (2) Without prejudice
 (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 Jaswinder Grover, M.D. only; each side 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: October 26, 2015
 Thomas E. Frayssse / Gregory D. Pike
 (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: _____ (SIGNATURE)

(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 681 (f) or (j).

(To be completed by clerk)

4. Dismissal entered as requested on (date):
 5. Dismissal entered on (date): **OCT 27 2015** as to only (name): **AS ABOVE**
 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: **OCT 27 2015** Clerk, by [Signature] Deputy
SHERRI R. CARTER

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