The design of the State of the	
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  Joseph R Manning Jr.  SBN: 22	3381 FOR COURT USE ONLY
Manning Law, APC	
20062 S W Birch St., Suite 200, NEWPORT BEACH, CA 9266	
TELEPHONE NO.: 949-200-8755 FAX NO. (Optional): 866	5-843-8308
E-MAIL ADDRESS (Optional): info@manninglawoffice.com ATTORNEY FOR (Name): Donna Dugo	
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SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCIS STREET ADDRESS:850 Bryant Street	SCO
MAILING ADDRESS:850 Bryant Street	
CITY AND ZIP CODE: San Francisco, 94102-4515	
BRANCH NAME: Civic Center Courthouse	
PLAINTIFF/PETITIONER: Donna Dugo	
DEFENDANT/RESPONDENT: Bridge BKD, LLC	
REQUEST FOR DISMISSAL	CASE NUMBER: CGC-19-576311
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 act class action. (Cal. Rules of Court, rules 3.760 and 3.770.)	tion or a class action or of any party or cause of action in a
TO THE CLERK: Please dismiss this action as follows:	
a. (1) X With prejudice (2) Without prejudice	
b. (1) X Complaint (2) Petition	
(3) Cross-complaint filed by (name):	on <i>(date)</i> :
(4) Cross-complaint filed by (name):	on (date):
(5) X Entire action of all parties and all causes of action	• •
(6) Other (specify):*	
(Complete in all cases except family law cases.)	
	or a party in this case. (This information may be obtained from
the clerk. If court fees and costs were waived, the declaration	
Date: 10/ 14/2019	0 0 11 00
Joseph R Manning Jr.	John Land
(TYPE OR PRINT NAME OF X 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:
causes of action, or cross-complaints to be dismissed.	Plaintiff/Petitioner Defendant/Respondent Cross-Complainant
3. TO THE CLERK: Consent to the above dismissal is hereby giv	•
Date:	
	<u> </u>
(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	Attorney or party without attorney for:
sign this consent if required by Code of Civil Procedure section 581 (i) or (i).	Plaintiff/Petitioner Defendant/Respondent
o, ().	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 <b>not entered</b> as requested for the following re	
Distribution in the reflect as requested for the following re	гавонь (вресну).
7 O Marroy or and with sufference with a control of the control of	
<ol> <li>a Attorney or party without attorney notified on (date):</li> <li>b Attorney or party without attorney not notified. Filing</li> </ol>	
	party falled to provide n conformed copy
a copy to be comormed means to return	n comornied copy
Olavle	bu
Date: Clerk,	, by, Deputy

**CIV-110** 

PLAINTIFF/PETITIONER: Donna Dugo	CASE NUMBER:
DEFENDANT/RESPONDENT: Bridge BKD, LLC	CGC-19-576311

#### 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)				

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## PROOF OF SERVICE - CCP.1013A STATE OF CALIFORNIA, COUNTY OF ORANGE

I, the undersigned, am employed in the County of Orange, State of California. I am over the age of eighteen (18) years and not a party to the cause. My business address is 4667 MacArthur Blvd., Suite 150, Newport Beach, CA 92660.

On 10/14/19, I served the true copies of the foregoing document described as

### REQUEST FOR DISMISSAL

## R. ALAN SMITH, ESQ.

Law Offices of Darshan Patel, APC

phone: 619-940-6623

email: asmith@lawpatel.com 2655 Camino del Rio N, Suite 330

10 | San Diego, CA 92108

[X] BY United States Postal Service: The documents were mailed as set forth above by U.S. Mail and placed in sealed, addressed envelopes on the above date and deposited into a U.S. Postal Service Mail box on the date set forth above, with postage thereon fully prepaid at Newport Beach, California prior to the time for collection on that day.

[] BY Electronic Mail or Electronic Transmission. I caused each such document to be transmitted electronically to the parties at the e-mail address indicated via Onelegal e-service. To the best of my knowledge, the transmission was reported as complete and no error was reported that it was not completed.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this affidavit was executed on 10/14/19

