

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: 145510
 NAME: Thomas J. Vandeveld III
 FIRM NAME:
 STREET ADDRESS: P.O. Box 1764
 CITY: Bonita STATE: CA ZIP CODE: 91908-1764
 TELEPHONE NO.: 619-232-5299 FAX NO.:
 E-MAIL ADDRESS:
 ATTORNEY FOR (Name): Plaintiff, Karel Spikes

FOR COURT USE ONLY
 FILED
 BUSINESS OFFICE 18
 CENTRAL DIVISION
 2018 MAR 13 A 1:31
 SUPERIOR COURT
 SAN DIEGO COUNTY, CA

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO
 STREET ADDRESS: 330 W. BROADWAY
 MAILING ADDRESS:
 CITY AND ZIP CODE: SAN DIEGO, CA 92101
 BRANCH NAME: CENTRAL BRANCH

Plaintiff/Petitioner: KAREL SPIKES
 Defendant/Respondent: PAIMAN GAILANI, et al

REQUEST FOR DISMISSAL

CASE NUMBER:
 37-2017-00049257-CU-CR-CTL

A conformed copy will not be returned by the clerk unless a method of return is provided with the document.

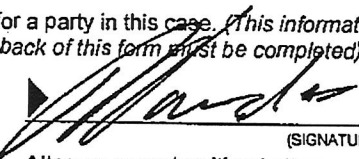
This form may not be used for dismissal of a derivative action or a class action; or of any party or cause of action in a class action. (Cal. Rules of Court, rules 3.760 and 3.770.)

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: March 9, 2018
 Thomas J. Vandeveld III

(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)

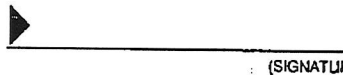

 (SIGNATURE)

*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)

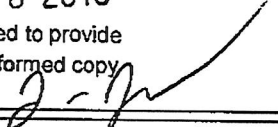
** If a cross-complaint - or Response (Family Law) seeking affirmative relief - is on file, the attorney for cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581 (i) or (j).

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

(To be completed by clerk)

- 4. Dismissal entered as requested on (date): MAR 13 2018
- 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): MAR 16 2018
- b. Attorney or party without attorney not notified. Filing party failed to provide a copy to be conformed means to return conformed copy

Date: MAR 16 2018 Clerk, by  Deputy