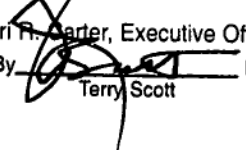


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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Jeffrey Wittenberg (SSN 250688) Wittenberg Law, A Professional Corporation 2665 Main Street, Suite 240B Santa Monica, CA 90405 TELEPHONE NO.: 310-295-2010 FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Plaintiff Isabelle Gauthier	FOR COURT USE ONLY FILED Superior Court of California County of Los Angeles FEB 08 2016 Sherri R. Carter, Executive Officer/Clerk By  Deputy Terry Scott RECEIVED FEB 08 2016 JUDGE WINDOW CASE NUMBER: BC564759
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 111 North Hill Street MAILING ADDRESS: CITY AND ZIP CODE: Los Angeles 90012 BRANCH NAME: Central District - Stanley Mosk Courthouse	
PLAINTIFF/PETITIONER: Isabelle Gauthier DEFENDANT/RESPONDENT: Thomas Schoenberger	
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) : Breach of Contract, Fraud	
- 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):
 (4) Cross-complaint filed by (name):
 (5) Entire action of all parties and all causes of action
 (6) Other (specify):*

on (date):
on (date):


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 4, 2016

(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)

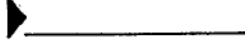

(SIGNATURE)

*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)

** 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 (l) or (j).

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

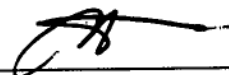
(To be completed by clerk)

4. Dismissal entered as requested on (date): 2/8/16
 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

SHERRI R. CARTER

Date: 2/8/16

Clerk, by  Deputy

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