

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO:  
 NAME: T. M. Lechner  
 FIRM NAME: Sierra Park Services, Inc.  
 STREET ADDRESS: P. O. Box 293  
 CITY: MiWuk Village STATE: CA ZIP CODE: 95346  
 TELEPHONE NO.: 209-533-7909 FAX NO.:  
 E-MAIL ADDRESS: www.sierraparkservices.com  
 ATTORNEY FOR (Name):

FOR COURT USE ONLY

**FILED**

SEP 07 2016

Superior Court of California  
 County of Tuolumne  
 by: *E. Colman* Clerk

CASE NUMBER:  
 SC19416

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF**  
 STREET ADDRESS: 41 West Yaney Avenue  
 MAILING ADDRESS:  
 CITY AND ZIP CODE: Sonora, CA 95370  
 BRANCH NAME: County of Tuolumne

Plaintiff/Petitioner: Sierra Park Services, Inc.  
 Defendant/Respondent: Kristi Lucio

**REQUEST FOR DISMISSAL**

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: September 1, 2016  
 (TYPE OR PRINT NAME OF  ATTORNEY  PARTY WITHOUT ATTORNEY)  
 \*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.

*T. M. Lechner*  
 (SIGNATURE)  
 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: September 1, 2016  
 (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 (i) or (j).

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

(To be completed by clerk)

- 4.  Dismissal entered as requested on (date): SEP 07 2016
- 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: SEP 07 2016 Clerk, by *E. Colman* Deputy