

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Daniel F. Gaines, Esq. SBN: 251488 GAINES & GAINES, APLC 4550 East Thousand Oaks Blvd., Suite 100, Westlake Village, CA 91362 TELEPHONE NO.: 818-703-8985 FAX NO. (Optional): 818-703-8984 E-MAIL ADDRESS (Optional): daniel@gaineslawfirm.com ATTORNEY FOR (Name): Plaintiff, Michael Jokel	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 6230 Sylmar Ave. MAILING ADDRESS: 6230 Sylmar Ave. CITY AND ZIP CODE: Van Nuys, 91401 BRANCH NAME: Van Nuys Courthouse East	
PLAINTIFF/PETITIONER: Michael Jokel DEFENDANT/RESPONDENT: NUMSP, LLC, et al.	
REQUEST FOR DISMISSAL	CASE NUMBER: 22VECV01115
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 prejudiceb. (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): *With prejudice as to the individual claims of Plaintiff, Michael Jokel;
without prejudice as to all PAGA claims.

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: 11/23/2022

Daniel F. Gaines, Esq.
(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):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:

Clerk, by _____, Deputy

PLAINTIFF/PETITIONER: Michael Jokel	CASE NUMBER:
DEFENDANT/RESPONDENT: NUMSP, LLC, et al.	22VECV01115

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)

1 **PROOF OF SERVICE AND CERTIFICATION**

2 I am employed in the County of Ventura, State of California. I am over the age of 18 and not a party to the
3 within action. My business address is 4550 E. Thousand Oaks Blvd., Suite 100 Westlake Village, CA 91362.

4 _____ (For messenger) my business address is:

5 On November 23, 2022, I served the foregoing document described as **REQUEST FOR DISMISSAL** on the
6 interested parties in this action by placing a true copy thereof enclosed in sealed envelopes addressed as follows:

NUMSP, LLC, a Delaware limited liability company Agent for Service of Process CT Corporation 330 North Brand Blvd, #700 Glendale, CA 91203	Leila Narvid PAYNE & FEARS LLP 235 Pine Street, Suite 1175 San Francisco, CA 94104
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9 On the above date:

10 _____ (BY ☐ U.S. MAIL/ BY ☐ CERTIFIED MAIL, RETURN RECEIPT REQUESTED) The sealed envelope was
11 mailed with postage thereon fully prepaid. I am "readily familiar" with the firm's practice of collection and processing
12 correspondence for mailing. It is deposited with United States postal service on that same day in the ordinary course of
13 business. I am aware that on motion of party served, service is presumed invalid if postal cancellation date or postage
14 meter date is more that one day after date of deposit for mailing in affidavit.

15 _____ (BY FEDERAL EXPRESS OR OTHER OVERNIGHT SERVICE) I deposited the sealed envelope in a box or
16 other facility regularly maintained by the express service carrier or delivered the sealed envelope to an authorized
17 carrier or driver authorized by the express carrier to receive documents.

18 _____ (BY FACSIMILE TRANSMISSION) On November 23, 2022, at _____ a.m./p.m., at Westlake Village,
19 California, I served the above-referenced document on the above-stated addressee by facsimile transmission pursuant to
20 Rule 2008 of the California Rules of Court. The telephone number of the sending facsimile machine was (818)703-
21 8984 and the telephone number(s) of the receiving facsimile machine was (____) ____ - _____. A transmission report was
22 properly issued by the sending facsimile machine, and the transmission was reported as complete and without error.
23 Copies of the facsimile transmission cover sheet and the transmission report are attached to this proof of service.

24 _____ (BY PERSONAL DELIVERY) By causing a true copy of the within document(s) to be personally hand-
25 delivered to the office(s) of the addressee(s) set forth above, on the date set forth above.

26 _____ (BY ELECTRONIC SERVICE) The above-stated document was served by electronic transmission via email
27 on the counsel of record listed above.

28 I certify that the above document was printed on recycled paper.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 23, 2022, at Westlake Village, California.

25 
JEREMY REYES