

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: Paolo Policastro FIRM NAME: Lavi & Ebrahimi, LLP STREET ADDRESS: 8889 W. Olympic Blvd., Suite 200 CITY: Beverly Hills TELEPHONE NO.: (310) 432-0000 EMAIL ADDRESS: ppolicastro@lelawfirm.com ATTORNEY FOR (name): Plaintiff CATHERINE VALLE	STATE BAR NUMBER: 359731 FOR COURT USE ONLY ELECTRONICALLY FILED <i>Superior Court of California, County of San Francisco</i> 08/26/2026 Clerk of the Court BY: ANNIE PASCUAL Deputy Clerk
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO STREET ADDRESS: 400 McAllister St. MAILING ADDRESS: 400 McAllister St. CITY AND ZIP CODE: San Francisco, 94102 BRANCH NAME: San Francisco Superior Court	
PLAINTIFF/PETITIONER: CATHERINE VALLE DEFENDANT/RESPONDENT: FOUNDATION PARTNERS GROUP, LLC	
REQUEST FOR DISMISSAL	CASE NUMBER: CGC-24-614800
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 (3) ☐ Without prejudice and with the court retaining jurisdiction (Code Civ. Proc., § 664.6)
- b. (1) ☐ Complaint (2) ☐ Petition
- (3) ☐ Cross-complaint filed on (date): by (name):
- (4) ☐ Cross-complaint filed on (date): by (name):
- (5) ☒ Entire action of all parties and all causes of action
- (6) ☐ Other (specify)*:

2. (Complete in all cases except family law cases.)

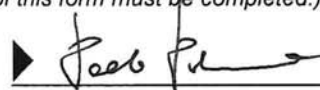
The court ☐ did ☒ did not waive court fees and costs for a party in this case. (This information may be obtained from the clerk. If court fees and costs were waived, the declaration on the back of this form must be completed.)

Date: 08.25.2026

Paolo Policastro

(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



(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:

(TYPE OR PRINT NAME OF ☐ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

† If item 1a(3) is checked, all parties must sign.

If a cross-complaint—or Response—Marriage/Domestic Partnership (form FL-120) 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).

☐ Check here and use form MC-025 or a separate page for additional signatures. Include date, printed name, and party information.

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

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DISMISSAL ENTERED
08/26/2026
By: ANNIE PASCUAL
Deputy Clerk

PLAINTIFF/PETITIONER: CATHERINE VALLE
 DEFENDANT/RESPONDENT: FOUNDATION PARTNERS GROUP, LLC

CASE NUMBER:
 CGC-24-614800

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

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am an employee in the County of Los Angeles, State of California. I am over the age of 18 and not a party to the within action; my business address is 8889 W. Olympic Blvd., Suite 200, Beverly Hills, California 90211.

On August 26, 2026, I served the foregoing documents, described as:

“REQUEST FOR DISMISSAL”

on all interested parties in this action, addressed as follows:

Cary G. Palmer, Esq. cary.palmer@jacksonlewis.com Evan D. Beecher, Esq. evan.beecher@jacksonlewis.com Taryn A. McLaughlin, Esq. taryn.mclaughlin@jacksonlewis.com JACKSON LEWIS P.C. 400 Capitol Mall, Suite 1600 Sacramento, CA 95814 Telephone: (916) 341-0404 Facsimile: (916) 341-0141	<i>Attorney for Defendant: FOUNDATION PARTNERS GROUP, LLC .</i>
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- ☒ **(BY ELECTRONIC MAIL)** As follows: I caused such documents to be emailed to the attorneys listed above. I did not receive, within a reasonable time after the transmission, any electronic message or other indication that the transmission was unsuccessful.
- ☒ **(STATE)** I declare, under penalty of perjury under the laws of the State of California, that the above is true and correct.

Executed August 26, 2026, at Beverly Hills, California.

/s/ Jocelyn Sanchez
J. Sanchez