

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: 278672 NAME: Ashlee P. Clark, Sr. Asst. City Attorney FIRM NAME: City of Burbank STREET ADDRESS: 275 E. Olive Ave. CITY: Burbank STATE: CA ZIP CODE: 91502 TELEPHONE NO.: (818) 238-5707 FAX NO.: (818) 238-5724 E-MAIL ADDRESS: AClark@burbankca.gov ATTORNEY FOR (Name): Plaintiff, City of Burbank	FOR COURT USE ONLY <p style="text-align: center;">FILED Superior Court of California County of Los Angeles 11/22/2021</p> Sherri R. Carter, Executive Officer / Clerk of Court By: <u>M. De Luna</u> Deputy
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 111 N. Hill Street MAILING ADDRESS: CITY AND ZIP CODE: Los Angeles, CA 90012 BRANCH NAME: Stanley Mosk Courthouse	CASE NUMBER: 21STCV07923
Plaintiff/Petitioner: City of Burbank, et al. Defendant/Respondent: Barfly, et al.	
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):* As to Isabelle Lepejian only.

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: November 22, 2021
 Ashlee P. Clark
 (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): 11/23/2021
- 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): 11/23/2021
- b. Attorney or party without attorney not notified. Filing party failed to provide a copy to be conformed means to return conformed copy

Date: 11/23/2021 Clerk, by M. De Luna, Deputy

Electronically Received 11/22/2021 12:36 PM

Plaintiff/Petitioner: City of Burbank, et al.
 Defendant/Respondent: Barfly, et al.

CASE NUMBER:
 21STCV07923

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 employed in the County of Los Angeles, State of California. I am over the age of 18 years old and not a party to this action. My business address is 275 E. Olive Avenue, Burbank, California 91502.

On November 22, 2021, I served the foregoing document described as: **REQUEST FOR DISMISSAL** on the interested parties in this action as follows:

SEE ATTACHED SERVICE LIST

() **BY MAIL:** by placing () the original (x) a true copy of the document(s) listed above in a sealed envelope(s) to the persons at the addresses listed in the attached Service List. I deposited such envelope(s) in the mail at Burbank, California. The envelop(s) was/were mailed with postage thereon fully prepaid. I am readily familiar with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with the U.S. Postal Service on that same day with postage thereon fully prepaid at Burbank, California in the ordinary course of business. I am aware that on motion of party served, service is presumed invalid if postal cancellation date or postage meter date is more than one (1) day after the date of deposit for mailing in affidavit.

() **BY OVERNIGHT MAIL:** by delivering the document(s) listed above in a sealed envelope(s) designated by the express service carrier, with fees for delivery by the next business day paid or provided for, addressed as per the attached Service List, to a facility regularly maintained by the express service carrier or to an authorized courier or driver authorized by the express service carrier to receive documents.

(X) **BY ELECTRONIC SERVICE:** by e-mailing the document(s) listed above to the parties in this action using the email addresses identified on the attached Service List.

() **ONLY BY ELECTRONIC TRANSMISSION:** Only by emailing the document(s) listed above to the parties in this action using the email addresses identified on the attached Service List. During the period of National Emergency declared pursuant to the COVID-19 pandemic, physical work in this office will be intermittent, and electronic mail will be the preferred method of communication. No electronic message or other indication that the transmission was unsuccessful was received within a reasonable time after the transmission. We will provide a physical copy, on request only, upon a return to the office and the conclusion of the National Emergency.

I certify and declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on November 22, 2021, at Burbank, California.

Tabitha Long

Tabitha Long

**PROOF OF SERVICE
SERVICE LIST**

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