

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Deborah B. Caplan, SBN 196606 N. Eugene Hill, SBN 032516 OLSON HAGEL & FISHBURN LLP 555 Capitol Mall, #1425, Sacramento, CA 95814 ATTORNEY FOR (Name): Intervenor, CA SCHOOL BOARDS ASSOCIATION	TELEPHONE NO.: 916.442.2952	FOR COURT USE ONLY <div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">FILED</div> <i>San Francisco County Superior Court</i> NOV 23 2005 GORDON PARK-LI, Clerk BY: <i>[Signature]</i> Deputy Clerk
Insert name of court and name of judicial district and branch court, if any: <div style="text-align: center; font-weight: bold;">SAN FRANCISCO COUNTY SUPERIOR COURT</div>		
PLAINTIFF/PETITIONER: ELIEZER WILLIAMS DEFENDANT/RESPONDENT: STATE OF CALIFORNIA, et al		
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):	CASE NUMBER: <div style="text-align: center; font-size: 1.2em;">312236</div>	

— 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): on (date):
 (5) Entire action of all parties and all causes of action on (date):
 (6) Other (specify): * **Complaint in Intervention (CA SCHOOL BOARDS ASSOCIATION)**

Date: November 22, 2005

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 N. Eugene Hill
 (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]

 (SIGNATURE)
 Attorney or party without attorney for:
 Plaintiff/Petitioner Defendant/Respondent
 Cross-complainant **Intervenor CSBA**

2. TO THE CLERK: Consent to the above dismissal is hereby given.**
 Date:

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 (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(f) or (j).

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

- (To be completed by clerk)*
3. Dismissal entered as requested on (date):
 4. Dismissal entered on (date): as to only (name):
 5. Dismissal not entered as requested for the following reasons (specify):

 6. 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 conform means to return conformed copy

Date: _____ Clerk, by _____, Deputy