				CIV-110
ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:		FOR COURT USE	ONLY
NAME: Peter Barnes				
FIRM NAME: STREET ADDRESS: P.O. Box 290572				
CTTY: Phelan	STATE: CA ZIP CODE: 92	329	ELECTRONICALLY	
TELEPHONE NO.: 760-780-1881	FAX NO.:		SUPERIOR COURT	
E-MAIL AODRESS: peter@typeanalog.com			COUNTY OF SAN B	
ATTORNEY FOR (name):	· · · · · · · · · · · · · · · · · · ·		7/23/2024 1:41 PM	
SUPERIOR COURT OF CALIFORNIA, COUNTY O STREET ADDRESS: 247 West Third Street MAILING ADDRESS:			By: Kaliska Monticue	-Castro, DEPUT
CITY AND ZIP CODE: San Bernadino, CA. 92415-020 BRANCH NAME: San Bernadino District - Civil D				
PLAINTIFF/PETITIONER: Peter Barnes				
DEFENDANT/RESPONDENT: Sheep Creek Wat	ter Company			
REQUEST FOR	DISMISSAL		CASE NUMBER: CIVSB2321209	
A conformed copy will not be returned b	y the clerk unless a method	l of return is	provided with the docum	ent.
This form may not be used for dismissa class action. (Cal. Rules of Court, rules		lass action	or of any party or cause o	f action in a
1. TO THE CLERK: Please dismiss this action				
a. (1) With prejudice (2) X	Without prejudice			
b. (1) Complaint (2)	Petition			
(3) Cross-complaint filed by (na	ime):		on (date):	
(4) Cross-complaint filed by (na	•		on (date):	
(5) X Entire action of all parties an				
(6) Other (specify):*				
 (Complete in all cases except family law can The court did x did not waiw the clerk. If court fees and costs were waiw Date: July 23, 2024 	ve court fees and costs for a p	k of this form		e obtained from
Peter Barnes				
(TYPE OR PRINT NAME OF ATTORNEY X P	PARTY WITHOUT ATTORNEY)		(SIGNATURE)	
"If diamissel requested is of specified parties only of specifie of specified cross-complaints only, so state and identify the or crass-complaints to be diamissed	id causes of action only, or parties, causes of action,	X Plai	or party without attoms, for intiff/Petitioner Def ss-Complainant	: endant/Respondent
3. TO THE CLERK: Consent to the above dis	missal is hereby given.**		***************************************	
Date:				
	PARTY WITHOUT ATTORNEY)	<u> </u>	(SIGNATURE)	·
** If a cross-complaint - or Response (Family Law) seaking	affirmative relief - is on		or party without attorney for	
flie, the attorney for cross-complainant (respondent) must si by Code of Civil Procedure section 581 (i) or (j).	ign this consent if required	Construction of the local division of the lo	intiff/Petitioner Def ss-Complainant	endant/Respondent
4. X Dismissal entered as requested on	(date): 7/23/2024 1:41	PM		
 5. Dismissal entered on (date): 6. Dismissal not entered as requested 	as to only (name)	•		
7. a. X Attorney or party without attorney	v notified on (date): 9/9/	2024		
b. Attorney or party without attorney		-		
a copy to be conformed		io return confi	ormed copy	
Date: 8/8/2024	Cierk, bj	/s/ Kal	iska Monticue-Castro	D , Deputy Page 1 of 2
Form Adopted for Mandatory Use	REQUEST FOR DISN	ISSAL	Code of (Civil Procedure, § 581 et seq.;

Judicipi (
CIV-110	Rev.	lanuary	1,	201	3]

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REQUEST FOR DISMISSAL

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