

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Amy K. Van Zant (SBN 197426) 1000 Marsh Road, Menlo Park, CA 94025 TELEPHONE NO.: 650-614-7403 FAX NO. (Optional): E-MAIL ADDRESS (Optional): avanzant@orrick.com ATTORNEY FOR (Name): Plaintiffs	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Orange STREET ADDRESS: 700 W Civic Center Drive MAILING ADDRESS: CITY AND ZIP CODE: Santa Ana, CA 92701 BRANCH NAME: Central	
PLAINTIFF/PETITIONER: Francisco G. Cardenas & Troy McFadyen, et al DEFENDANT/RESPONDENT: Ghost Firearms, LLC	
REQUEST FOR DISMISSAL	CASE NUMBER: JCCP 5167
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):* Only Def. Ghost Firearms, LLC is dismissed, each side to bear its own costs & fees.

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: March 3, 2023

..... Amy K. Van Zant for Plaintiffs
(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): 03/03/2023

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: 03/03/2023

Clerk, by  , Deputy

DAVID H. YAMASAKI, Clerk of the Court

O. Lopez

PLAINTIFF/PETITIONER: Francisco G. Cardenas & Troy McFadyen, et al. DEFENDANT/RESPONDENT: Ghost Firearms, LLC	CASE NUMBER: JCCP 5167
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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 **SERVICE LIST**

2 Amy K. Van Zant *Liaison Counsel for Plaintiffs*
3 avanzant@orrick.com

4 Shayan Said
5 ssaid@orrick.com

6 Amanda H. Schwartz
7 aschwartz@orrick.com

8 Danny Barefoot
9 rbarefoot@orrick.com
10 Orrick, Herrington & Sutcliffe LLP
11 1000 Marsh Road
12 Menlo Park, CA 94025-1015

13 C. Anne Malik
14 amalik@orrick.com
15 Orrick, Herrington & Sutcliffe LLP
16 1152 15th Street, N.W.
17 Washington, D.C. 20005-1706

18 Craig A. Livingston *Attorneys for Defendant Tactical Gear Heads, LLC*
19 clivingston@livingstonlawyers.com

20 Crystal L. Van Der Putten
21 cvanderputten@livingstonlawyers.com

22 Jasmine J. Jenkins
23 jjenkins@livingstonlawyers.com
24 LIVINGSTON LAW FIRM
25 A Professional Corporation
26 1600 South Main Street, Suite 280
27 Walnut Creek, CA 94596

28 John W. Dillon *Attorneys for Defendants Defense Distributed and Cody R. Wilson*
29 jdillon@dillonlawgp.com

30 2647 Gateway Road, Suite 105, No. 255
31 Carlsbad, CA 92009

32 Michael E. Gallagher *Attorneys for Defendant Juggernaut Tactical, Inc.*
33 mgallagher@eghblaw.com

34 Desiree Caudillo
35 dcaudillo@eghblaw.com
36 Edlin Gallagher Huie & Blum LLP
37 515 S. Flower Street, Suite 1020
38 Los Angeles, CA 90071

39 Christopher Renzulli
40 crenzulli@renzullilaw.com
41 Howard B. Schilsky
42 hschilsky@renzullilaw.com
43 Renzulli Law Firm, LLP
44 One North Broadway, Suite 1005
45 White Plains, NY 10601

46 Germain D. Labat *Attorneys for Defendant Polymer80, Inc.*
47 germain.labat@gmlaw.com

48 Guinevere Malley

1 guinevere.malley@gmlaw.com
2 Puneet Bhullar
3 puneet.bhullar@gmlaw.com
4 GREENSPOON MARDER LLP
5 1875 Century Park East, Suite 1900
6 Los Angeles, California 90067

7 Michael Marron
8 michael.marron@gmlaw.com
9 Michael Patrick
10 michael.patrick@gmlaw.com
11 GREENSPOON MARDER LLP
12 590 Madison Avenue, Suite 1800
13 New York, New York 10022

14 David A. Melton
15 dmelton@porterscott.com
16 MaryJo Smart
17 msmart@porterscott.com
18 Molly A. Flores
19 mflores@porterscott.com
20 Porter Scott, A Professional Corporation
21 350 University Avenue, Suite 200
22 Sacramento, CA 95825

23 Ryan L. Erdreich
24 rerdreich@pisciotti.com
25 Piscioti Lallis Erdreich
26 30 Columbia Turnpike, Suite 205
27 Florham Park, NJ 07932
28

*Attorneys for Defendant James Tromblee, Jr.,
d/b/a USPatriotArmory.com*