

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: Joshua D. Gruenberg, Esq. SB#163281 FIRM NAME: GRUENBERG LAW STREET ADDRESS: 2155 First Avenue CITY: San Diego STATE: CA ZIP CODE: 92101 TELEPHONE NO.: 619 230-1234 FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Plaintiff, Jamie Herwehe		<b>FOR COURT USE ONLY</b>  <b>ELECTRONICALLY FILED</b> Superior Court of California, County of San Diego  <b>09/25/2023 at 08:00:00 AM</b>  Clerk of the Superior Court By Adam Beason, Deputy Clerk
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO STREET ADDRESS: 330 W. Broadway MAILING ADDRESS: CITY AND ZIP CODE: San Diego 92101 BRANCH NAME: Hall of Justice		
PLAINTIFF/PETITIONER: Jaime Herwehe DEFENDANT/RESPONDENT: B Medical Spa, et. al.		
REQUEST FOR DISMISSAL		CASE NUMBER: 37-2021-00039316-CU-OE-CTL
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.)		

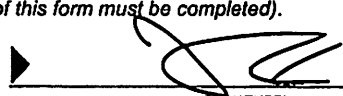
1. TO THE CLERK: Please dismiss this action as follows:
- a. (1)  With prejudice (2)  Without prejudice
  - b. (1)  Complaint (2)  Petition
  - (3)  Cross-complaint filed by (name):
  - (4)  Cross-complaint filed by (name):
  - (5)  Entire action of all parties and all causes of action
  - (6)  Other (specify):\*

on (date):  
on (date):

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: 9/20/2023

Josh D. Gruenberg, Esq.  
 (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 (l) or (j).

Attorney or party without attorney for:  
 Plaintiff/Petitioner  Defendant/Respondent  
 Cross-Complainant

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): judgment must be set aside to enter dismissal

7. a.  Attorney or party without attorney notified on (date): 10/06/2023  
 b.  Attorney or party without attorney not notified. Filing party failed to provide  
 a copy to be conformed  means to return conformed copy

Date: 10/06/2023 Clerk, by A. Beason, Deputy

PLAINTIFF/PETITIONER: Jaime Herwehe  
 DEFENDANT/RESPONDENT: B Medical Spa, et. al.

CASE NUMBER:  
 37-2021-00039316-CU-OE-CTL

**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 **PROOF OF SERVICE**

2 ***Herwehe v. B Medical Spa & Wellness Center and Nadine Haddad, M.D.***  
3 ***Case No. 37-2021-00039316-CU-OE-CTL***

4 STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

5 I am employed in the County of Los Angeles, State of California. I am over the age of 18  
6 years and am not a party to this action. My business address is One World Trade Center, Suite 1100,  
7 Long Beach, California 90831.

8 On September 22, 2023, I served the foregoing document described as **REQUEST FOR**  
9 **DISMISSAL** on interested parties in this action as follows:

10 SEE ATTACHED SERVICE LIST

- 11  **(By U.S. Mail)** I am readily familiar with my employer's business practice for collection and  
12 processing of correspondence for mailing with the United States Postal Service. I am aware  
13 that on motion of the party served, service is presumed invalid if postal cancellation date or  
14 postage meter is more than one day after date of deposit for mailing in affidavit. I deposited  
15 such envelope(s) with postage thereon fully prepaid to be placed in the United States Mail at  
16 Long Beach, California.
- 17  **(By Facsimile)** I served a true and correct copy by facsimile pursuant to C.C.P. 1013(e),  
18 calling for agreement and written confirmation of that agreement or court order, to the  
19 number(s) listed above or on attached sheet. Said transmission was reported complete and  
20 without error.
- 21  **(By Personal Service)** I caused to be delivered by hand by \_\_\_\_\_ to the  
22 interested parties in this action by placing the above mentioned document(s) thereof in  
23 envelope addressed to the office of the addressee(s) listed above or on attached sheet.
- 24  **(By Overnight Courier)** I served the above referenced document(s) enclosed in a sealed  
25 package, for collection and for delivery marked for next day delivery in the ordinary course of  
26 business, addressed to the office of the addressee(s) listed above or on attached sheet.
- 27  **(By E-Mail)** I transmitted a copy of the foregoing documents(s) via e-mail to the  
28 addressee(s). Email was sent by Antonia Mota from email address: [amota@prindlelaw.com](mailto:amota@prindlelaw.com)
- (State) I declare under penalty of perjury under the laws of the State of California that the  
foregoing is true and correct.
- (Federal) I declare that I am employed in the office of a member of the Bar of this Court, at  
whose direction the service was made. I declare under penalty of perjury under the laws of  
the United States of America that the foregoing is true and correct.

Executed on September 22, 2023, at Long Beach, California.

Antonia Mota  
ANTONIA MOTA

1 *Herwehe v. B Medical Spa & Wellness Center and Nadine Haddad, M.D.*

2 *Case No. 37-2021-00039316-CU-OE-CTL*

3 **SERVICE LIST**

4 Joshua D. Gruenberg  
5 Pamela Vallero  
6 Catharine McGlynn  
7 GRUENBERG LAW  
8 2155 First Avenue  
9 San Diego, CA 92101

*Attorneys for Plaintiff*

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