

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: Edward Patrick Swan, Jr. FIRM NAME: JONES DAY STREET ADDRESS: 4655 Executive Drive, Suite 1500 CITY: San Diego TELEPHONE NO.: 858.314.1200 E-MAIL ADDRESS: pswan@jonesday.com ATTORNEY FOR (name): Plaintiffs-Petitioners	STATE BAR NUMBER: 89429 STATE: CA ZIP CODE: 92121 FAX NO.:	FOR COURT USE ONLY  <b>E-FILED</b> 12/30/2024 12:11 PM Superior Court of California County of Fresno By: Marta Sanchez, Deputy
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO</b> STREET ADDRESS: 1130 O Street MAILING ADDRESS: CITY AND ZIP CODE: Fresno 93721-2220 BRANCH NAME: B.F. Sisk Courthouse		
PLAINTIFF/PETITIONER: R.J. Reynolds, et al. DEFENDANT/RESPONDENT: Rob Bonta, etc., et al.		
<b>REQUEST FOR DISMISSAL</b>		CASE NUMBER: 23CECG01734

**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: December 30, 2024

Edward Patrick Swan, Jr.

(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

**3. TO THE CLERK: Consent to the above dismissal is hereby given.\*\***

Date: \_\_\_\_\_

(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 (i) or (j).

12/30/24

- 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):

- 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: 1/09/25

Clerk, by

M. Sanchez

Deputy

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PLAINTIFF/PETITIONER: R.J. Reynolds, et al.  
 DEFENDANT/RESPONDENT: Rob Bonta, etc., et al.

CASE NUMBER:  
 23CECG01734

**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)

**PROOF OF SERVICE**

I declare that I am a citizen of the United States and a resident of the County of San Diego. I am over the age of eighteen (18) years and not a party to the within action. My business address is 4655 Executive Drive, Suite 1500, San Diego, California 92121. My email address is kjones@jonesday.com.

On December 30, 2024, I served the following documents described as:

- REQUEST FOR DISMISSAL

**(BY ELECTRONIC SERVICE VIA ONE LEGAL)** I caused the above-entitled

document(s) to be served through One Legal addressed to the following parties appearing on the electronic service list for the above-entitled case.

Karli Eisenberg, Supervising Deputy Attorney General  
Karli.Eisenberg@doj.ca.gov  
Anna Molander, Deputy Attorney General  
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California Department of Justice  
Office of the Attorney General  
1300 "I" Street, Suite 125  
Sacramento, CA 94244  
Phone: 916.210.6441

Counsel for Defendant-Respondent Rob Bonta, in his official capacity as Attorney General of California, California  
Department Of Public Health, and Tomás J. Aragón, in his official capacity as State Public Health Officer for the California Department of Public Health

Peter Wall, Chief Deputy Counsel  
pwall@fresnocountyca.gov  
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Fresno, CA 93721  
Phone: 559.600.3479

Counsel for Defendant Lisa A. Smittcamp,  
in her official capacity as District Attorney  
of the County of Fresno and as a  
representative of all California District  
Attorneys

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on December 30, 2024, at San Diego, California.

Kendra A. Jones  
Kendra A. Jones