ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Christensen & Auer
Stephen G. Auer - #74101
225 South Lake Ave., #900
Pasadena, CA 91101
TELEPHONE NO: 626.568.2900
ATTORNEY FOR (Name): Plaintiff, Kaweah Delta Health Care Dist

FOR COURT USE ONLY

FILED
TULARE COUNTY
SUPERIOR COURT
SEP 08 1999
LARAYNE CLEEK, CLERK
BY: _____

Tulare County Superior Court
County Civic Center, Room 303
Visalia, CA 93291

PLAINTIFF/PETITIONER: Kaweah Delta Health Care District
DEFENDANT/RESPONDENT: Joseph Moza, M.D.

REQUEST FOR DISMISSAL

CASE NUMBER: 99-186487

- [ ] Personal Injury, Property Damage, or Wrongful Death
  - [ ] Motor Vehicle
  - [ ] Other
- [ ] Family Law
- [ ] Eminent Domain
- [x] Other (specify): Breach of Contract

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

Date: September 7, 1999

Stephen G. Auer
(TYPE OR PRINT NAME OF [x] 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)
Attorney or party without attorney for: Kaweah Delta Health Care District
[x] Plaintiff/Petitioner [ ] Defendant/Respondent

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

(SIGNATURE)

(To be completed by clerk)
3. [x] Dismissal entered as requested on (date): SEP 08 1999
4. [ ] Dismissal entered on (date): as to only (name):

LaRayne Cleek

5. a. Attorney or party without attorney notified on (date):
   b. Attorney or party without attorney not notified. Filing party failed to provide

SEP 08 1999

CRYSTAL SMITH

Date: Clerk, by _____, Deputy