			CIV-110	
ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER: 70446	F	OR COURT USE ONLY	
NAME: Morgan Chu				
FIRM NAME: Irell & Manella LLP	000			
street Address: 1800 Avenue of the Stars, Suite city: Los Angeles	STATE: CA ZIP CODE: 9006	7		
TELEPHONE NO.: 310-277-1010	FAX NO.: 310-203-7199		ELECTRONICALLY	
E-MAIL ADDRESS: mchu@irell.com			FILED	
ATTORNEY FOR (name): Plaintiff Elon Musk		s	Superior Court of California,	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	SAN FRANCISCO		County of San Francisco	
STREET ADDRESS: 400 McAllister St.			06/11/2024	
MAILING ADDRESS: 400 McAllister St.			Clerk of the Court BY: RONNIE OTERO	
CITY AND ZIP CODE: San Francisco, CA 94102 BRANCH NAME: Civic Center Courthouse			Deputy Clerk	
PLAINTIFF/PETITIONER: Elon Musk				
DEFENDANT/RESPONDENT: Samuel Altman et	al			
DEFENDANT/RESPONDENT: Samuel Altman et	di.			
REQUEST FOR	DISMISSAL	CASE NUMBER: CGC-24-6127	46	
A conformed copy will not be returned by	the clerk unless a method o	f return is provided with	the document.	
This form may not be used for dismissal	of a derivative action or a cla	ss 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) 🗶 \	Vithout prejudice			
b. (1) 🗙 Complaint (2) 🔄 F	Petition			
(3) Cross-complaint filed by <i>(nan</i>	ne):	on <i>(date)</i>		
(4) Cross-complaint filed by <i>(nan</i>	ıе):	on <i>(date)</i>		
(5) 🛛 🗙 Entire action of all parties and	all causes of action			
(6) Other (specify):*				
2. (Complete in all cases except family law cas	es.)			
	court fees and costs for a part	y in this case. (This informa	ation may be obtained from	
the clerk. If court fees and costs were waived	d, the declaration on the back o	of this form must be comple	ted).	
Date: 6/11/2024			4.0.	
Morgan Chu			yan ey	
	RTY WITHOUT ATTORNEY)		ATURE)	
*If dismissal requested is of specified parties only of specified	•	Attorney or party without		
of specified cross-complaints only, so state and identify the pa or cross-complaints to be dismissed	irties, causes of action,	× Plaintiff/Petitioner	Defendant/Responder	
		Cross-Complainant		
3. TO THE CLERK: Consent to the above dism	nissal is hereby given.**			
Date:				
(TYPE OR PRINT NAME OF ATTORNEY PAP	RTY WITHOUT ATTORNEY)		ATURE)	
** If a cross-complaint - or Response (Family Law) seeking ai file, the attorney for cross-complainant (respondent) must sign		Attorney or party without	-	
by Code of Civil Procedure section 581 (i) or (j).		Plaintiff/Petitioner	Defendant/Responder	
4. Dismissal entered as requested on (a		DIGMICO	AL ENTERED	
5. Dismissal entered on (date):	as to only <i>(name):</i>	06/11/20		
6. Dismissal <b>not entered</b> as requested for	or the following reasons (speci	<sup>ry):</sup> By: RON	INIE OTERO	
7. a Attorney or party without attorney i	notified on (date):	Deputy	Clerk	
b. Attorney or party without attorney i		n provide		
a copy to be conformed	- · ·	eturn conformed copy		
		etatti oomoniou oopy		
Date:	Clerk, by		, Deputy	
	—		Page 1 of 2	

CASE NUMBER: CGC-24-612746

## 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. 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

**REQUEST FOR DISMISSAL** 

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 DECLAR	(TYPE OR PRINT NAME OF	ATTORNEY	PARTY MAKING DECLARA
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\_\_\_\_\_ ON)

(SIGNATURE)

## POS-050/EFS-050

	F03-030/EF3-030
ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: 70,446	FOR COURT USE ONLY
NAME: Morgan Chu	
FIRM NAME: Irell & Manella LLP	
STREET ADDRESS 1800 Avenue of the Stars, Suite 900	
CITY Los Angeles STATE: CA ZIP CODE: 90067	
TELEPHONE NO: 310-277-1010 FAX NO.: 310-203-7199	
E-MAIL ADDRESS: mchu@irell.com	
ATTORNEY FOR ( <i>name</i> ): Plaintiff Elon Musk	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO	
STREET ADDRESS: 400 McAllister St.	
MAILING ADDRESS: 400 McAllister St.	
CITY AND ZIP CODE: San Francisco, CA 94102	
BRANCH NAME: Civic Center Courthouse	CASE NUMBER:
PLAINTIFF/PETITIONER: Elon Musk	CGC-24-612746
DEFENDANT/RESPONDENT: Samuel Altman, et al.	JUDICIAL OFFICER: Hon. Andrew Y.S. Cheng
PROOF OF ELECTRONIC SERVICE	DEPARTMENT: 613

- 1. I am at least 18 years old.
  - a. My residence or business address is *(specify):* 1800 Avenue of the Stars, Suite 900 Los Angeles, CA 90067
  - b. My electronic service address is (specify): hwhite@irell.com
- 2. I electronically served the following documents (exact titles): PLAINTIFF'S REQUEST FOR DISMISSAL

The documents served are listed in an attachment. (Form POS-050(D)/EFS-050(D) may be used for this purpose.)

- 3. I electronically served the documents listed in 2 as follows:
  - a. Name of person served:

On behalf of (name or names of parties represented, if person served is an attorney):

- b. Electronic service address of person served :
- c. On (date): 6/11/2024
  - **x** The documents listed in item 2 were served electronically on the persons and in the manner described in an attachment. (*Form POS-050(P)/EFS-050(P) may be used for this purpose.*)
- Date: 6/11/24

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Henry White

(TYPE OR PRINT NAME OF DECLARANT)

(SIGNATURE OF DECLARANT)

POS-050(P)/EFS-050(P)
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CASE NUMBER:

## ATTACHMENT TO PROOF OF ELECTRONIC SERVICE (PERSONS SERVED)

(This attachment is for use with form POS-050/EFS-050.)

NAMES, ADDRESSES, AND OTHER APPLICABLE INFORMATION ABOUT PERSONS SERVED:

Name of Person Served (If the person served is an attorney, the party or parties represented should	Electronic Service Address	Date of Electronic Service
also be stated.) Jordan Eth on behalf of all defendants	JEth@mofo.com; OpenAl-Musk- Lit@mofo.com	Date: <u>6/11/24</u>
Ragesh Tangri on behalf of all defendants	RTangri@mofo.com	Date: 6/11/24
David Wiener on behalf of all defendants	DWiener@mofo.com	 Date: 6 <u>/11/24</u>
William Savitt on behalf of all defendants	WDSavitt@wlrk.com	Date: 6 <u>/11/24</u>
Sarah Eddy on behalf of all defendants	SKEddy@wlrk.com	Date: 6/11/24
Randall Jackson on behalf of all defendants	RWJackson@wlrk.com	Date: 6 <u>/11/24</u>
Bradley Wilson on behalf of all defendants	BRWilson@wlrk.com	Date: 6 <u>/11/24</u>
		Date:
		Date:
		 Date:
		_   Date:
		 Date: