			CIV-110
ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER: 151453	3	FOR COURT USE ONLY
NAME: Peter S. Modlin			
FIRM NAME: Gibson, Dunn & Crutcher LLP			
STREET ADDRESS: One Embarcadero Center,	Suite 2600		
CITY: San Francisco	STATE: CA ZIP CODE: 94	111	ELECTRONICALLY FILED Superior Court of California County of Sacramento
TELEPHONE NO.: 415.393.8200	FAX NO.: 415.393.8306		Superior Court of California
E-MAIL ADDRESS: pmodlin@gibsondunn.com			County of Sacramento
ATTORNEY FOR (name): Western States Petrole	um Association		09/17/2024
SUPERIOR COURT OF CALIFORNIA, COUNT	TY OF SACRAMENTO		S Burdette
STREET ADDRESS: 720 9th Street			By: Brite Deputy
MAILING ADDRESS: 720 9th Street			
CITY AND ZIP CODE: Sacramento, CA 95814			
BRANCH NAME: Gordon D. Schaber Sacrai	mento County Courthouse		
PLAINTIFF/PETITIONER: Western Stat	es Petroleum Association		
DEFENDANT/RESPONDENT: California Oc	cupational Safety & Health Standa	ards Bd. et al.	
DEQUEOT			CASE NUMBER:
REQUEST	FOR DISMISSAL		34-2019-00260210
A conformed copy will not be returned	ed by the clerk unless a method	l of return is p	provided with the document.
This form may not be used for dismi class action. (Cal. Rules of Court, ru		class action o	r of any party or cause of action in a
1. TO THE CLERK: Please dismiss this a	action as follows:		
a. (1) With prejudice (2)	x Without prejudice		
b. (1) x Complaint (2)	Petition		
(3) Cross-complaint filed by	(name):		on <i>(date):</i>
(4) Cross-complaint filed by	· · ·		on (date):
			on (date).
	s and all causes of action		
(6) Other (specify):*			
2. (Complete in all cases except family law	w cases.)		
The court did did not w	waive court fees and costs for a pa	arty in this case	e. (This information may be obtained from
the clerk. If court fees and costs were v	vaived, the declaration on the back	k of this form n	nust be completed).
Date: September 17, 2024			t. 10, 10.
Peter S. Modlin			en main
	PARTY WITHOUT ATTORNEY)		(SIGNATURE)
*If dismissal requested is of specified parties only of sp	,	Attorney or	party without attorney for:
of specified cross-complaints only, so state and identify		X Plain	tiff/Petitioner Defendant/Responden
or cross-complaints to be dismissed		Cros	s-Complainant
3. TO THE CLERK: Consent to the above	dismissal is hereby given **		
Date:	y alomioda lo horoby given.		
		N	
			(SIGNATURE)
(TYPE OR PRINT NAME OF ATTORNEY	PARTY WITHOUT ATTORNEY)	Attorney or	party without attorney for:
** If a cross-complaint - or Response (Family Law) see file, the attorney for cross-complainant (respondent) mu		y	tiff/Petitioner Defendant/Responden
by Code of Civil Procedure section 581 (i) or (j).	· ·		s-Complainant
	(1) 00/17/2024		
4. Dismissal entered as requested			
5. Dismissal entered on <i>(date):</i>	as to only (name).		
6. Dismissal not entered as reques	sted for the following reasons <i>(spe</i>	ecity):	
	rnov notified on (data);		
7. a. Attorney or party without atto		d to provide	
	rney not notified. Filing party failed	-	madiaanu
a copy to be conforme	a means to	o return confor	теа сору
Date: 09/17/2024	Clerk, by	/s/ S B	urdette , Deputy
			Page 1 of 2
Form Adopted for Mandatory Use	REQUEST FOR DISMI		Code of Civil Procedure, § 581 et seq.

	CIV-110			
	CASE NUMBER:			
DEFENDANT/RESPONDENT: California Occupational Safety & Health Standards Bd. et al	34-2019-00260210			
COURT'S RECOVERY OF WAIVED COURT FEES A	ND COSTS			
If a party whose court fees and costs were initially waived has recovered or wore in value by way of settlement, compromise, arbitration award, mediatio means, the court has a statutory lien on that recovery. The court may refuse the lien is satisfied. (Gov. Code, § 68637.)	will recover \$10,000 or on settlement, or other			
Declaration Concerning Waived Court Fe	ees			
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			
I declare under penalty of perjury under the laws of the State of California that the informatio	n above is true and correct.			
Date:				
(TYPE OR PRINT NAME OF ATTORNEY PARTY MAKING DECLARATION)	(SIGNATURE)			