ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, ACBCI Bar number/State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:	
TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS:	
ATTORNEY FOR (Name):	
AGUA CALIENTE BAND OF CAHUILLA INDIANS TRIBAL COURT	
STREET ADDRESS: 980 E. Tahquitz Canyon Way	
CITY AND ZIP CODE: Palm Springs, California 92262	
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PLAINTIFF/PETITIONER:	
DEFENDANT/RESPONDENT:	
NOTICE OF ENTRY OF DISMISSAL AND PROOF OF SERVICE	
Personal Injury, Property Damage, or Wrongful Death	CASE NUMBER:
Motor Vehicle Other Other (specify):	
TO ATTORNEYS AND PARTIES WITHOUT ATTORNEYS: A dismissal was entered in this action by the clerk as shown on the	
Request for Dismissal. (Attach a copy completed by the clerk.)	
Date:	
(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)	(SIGNATURE)
PROOF OF SERVICE	
1. I am over the age of 18 and not a party to this cause. My residence or business address is:	
2. I am a resident of or employed in the county where the mailing occurred. I served a copy of the <i>Notice of Entry of Dismissal</i>	
and Request for Dismissal by mailing them, in a sealed envelope with postage fully prepaid, as follows:	
a. I deposited the envelope with the United States Postal Service.	
 I placed the envelope for collection and processing for mailing following this business's ordinary practice with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary 	
course of business with the United States Postal Service.	
c. Date of deposit: d. Place of deposit (city and state):	
e. Addressed as follows (name and address):	
3 I served a copy of the <i>Notice of Entry of Dismissal and Request for Dismissal</i> by personally delivering copies as shown below:	
·	
b. Address at which person served:	
c. On (date): d. At (time):	
4. I served a copy of the <i>Notice of Entry of Dismissal</i> and <i>Request for Dismissal</i> by electronically serving copies as shown below (complete if electronic service is used based on a court order or agreement of the parties):	
a. Name of person served:	, particoj.
b. Electronic service address of person served:	
c. On (date): d. At (time):	
e. Electronic service address from which I served the documents: Proof of electronic service is attached.	
5. Proof of service on additional parties is attached.	
I declare under penalty of perjury under the laws of Agua Caliente Band of Cahuilla Indians that the foregoing is true and	
correct. Date:	
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT) Page 1 of 1