

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Annette C. Clark (SBN 208216) CALLAHAN, THOMPSON, SHERMAN & CAUDILL, LLP 500 West C Street, Suite 1150 San Diego, CA 92101 TELEPHONE NO.: (619) 232-5700 FAX NO. (Optional): (949) 261-6060 E-MAIL ADDRESS (Optional): aclark@ctsclaw.com ATTORNEY FOR (Name): Plaintiffs, JOSHUA JONES, et al.	FOR COURT USE ONLY E-FILED 6/6/2025 2:25 PM Superior Court of California County of Fresno By: Layla Whipple, Deputy
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO STREET ADDRESS: 1130 O Street MAILING ADDRESS: 1130 O Street CITY AND ZIP CODE: Fresno, CA 93721 BRANCH NAME: B.F. Sis Courthouse	
PLAINTIFF/PETITIONER: JOSHUA JONES, et al. DEFENDANT/RESPONDENT: UNITED EDUCATION INSTITUTE, et al.	
NOTICE OF SETTLEMENT OF ENTIRE CASE	CASE NUMBER: 23CECG02897
	JUDGE: Hon. D. Tyler Tharpe DEPT.: 501

NOTICE TO PLAINTIFF OR OTHER PARTY SEEKING RELIEF

You must file a request for dismissal of the entire case within 45 days after the date of the settlement if the settlement is **unconditional**. You must file a dismissal of the entire case within 45 days after the date specified in item 1b below if the settlement is **conditional**. Unless you file a dismissal within the required time or have shown good cause before the time for dismissal has expired why the case should not be dismissed, the court will dismiss the entire case.

To the court, all parties, and any arbitrator or other court-connected ADR neutral involved in this case:

1. This entire case has been settled. The settlement is:
 - a. ☒ **Unconditional**. A request for dismissal will be filed within 45 days after the date of the settlement.
Date of settlement: 06/06/2025
 - b. ☐ **Conditional**. The settlement agreement conditions dismissal of this matter on the satisfactory completion of specified terms that are not to be performed within 45 days of the date of the settlement. A request for dismissal will be filed no later than (date):
2. Date initial pleading filed: July 18, 2023
3. Next scheduled hearing or conference:
 - a. Purpose: Mandatory Settlement Conference
 - b. ☒ (1) Date: July 10, 2025
(2) Time: 10:00 am
(3) Department: 575
4. Trial date: August 11, 2025
 - a. ☐ No trial date set.
 - b. ☒ (1) Date: August 11, 2025
(2) Time: 9:00 am
(3) Department: 503

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

Date: June 6, 2025

Annette C. Street

(TYPE OR PRINT NAME OF ☒ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)



(SIGNATURE)

PLAINTIFF/PETITIONER: JOSHUA JONES, et al.
 DEFENDANT/RESPONDENT: UNITED EDUCATION INSTITUTE, et al.

CASE NUMBER:
 23CEG02897

PROOF OF SERVICE BY FIRST-CLASS MAIL

NOTICE OF SETTLEMENT OF ENTIRE CASE

(NOTE: You cannot serve the Notice of Settlement of Entire Case if you are a party in the action. The person who served the notice must complete this proof of service.)

1. I am at least 18 years old and **not a party to this action**. I am a resident of or employed in the county where the mailing took place, and my residence or business address is *(specify)*:

550 West C Street, Suite 1150
 San Diego, CA 92101

2. I served a copy of the *Notice of Settlement of Entire Case* by enclosing it in a sealed envelope with postage fully prepaid and *(check one)*:

- a. ☐ deposited the sealed envelope with the United States Postal Service.
 b. ☒ placed the sealed envelope for collection and processing for mailing, following this business's usual practices, 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.

3. The *Notice of Settlement of Entire Case* was mailed:

- a. on *(date)*: June 6, 2025
 b. from *(city and state)*: San Diego, CA

4. The envelope was addressed and mailed as follows:

a. Name of person served:
 Courtney L. Baird, Esq; DUANE MORRIS LLP
 Street address: 750 B Street, Suite 2900
 City: San Diego
 State and zip code: CA 92101

c. Name of person served:
 Street address:
 City:
 State and zip code:

b. Name of person served:
 Ayad Mathews, Esq.; DUANE MORRIS LLP
 Street address: 750 B Street, Suite 2900
 City: San Diego
 State and zip code: CA 92101

d. Name of person served:
 Street address:
 City:
 State and zip code:

☐ Names and addresses of additional persons served are attached. *(You may use form POS-030(P).)*

5. Number of pages attached _____.

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

Date: June 6, 2025

Angelica Morales

(TYPE OR PRINT NAME OF DECLARANT)

(SIGNATURE OF DECLARANT)