HAUTED STATES DISTRICT COURT

| | RN DISTRICT | | | | |
|---|------------------|--|--------------------|--|--|
| MELANIE L. CYGANOWS | SKI, et al., | | | | |
| | | | | | |
| Write the full name of each plaintiff or petitioner. | | Case No. | 1:18 _{CV} | 12018 (JSR) | |
| -against- | | | | | |
| BEECHWOOD RE LTD., et al., | | NOTICE OF MOTION | | | |
| | | to Disr | niss Third Pa | arty Complaint | |
| Write the full name of each defendant or re | espondent. | | | B | |
| I DELIGE TIME HOTTER that | efendant | David Steinberg name of party who is making the motion | | | |
| requests that the Court: | | | | • | |
| Consider this Motion to Dismiss p by SENIOR HEALTH INSURANC motion is based on failure to state | E COMPANY (| OF PENN | SYLVANIA a | gainst me. The | |
| Briefly describe what you want the court to the statute under which you are making th | | | Federal Rule(s) | of Civil Procedure or | |
| In support of this motion, I submit | the following d | locuments | (check all that a | pply): | |
| ■ a memorandum of law | | | | | |
| ☐ my own declaration, affirmation | on, or affidavit | | | Committee and the committee of the commi | |
| ☐ the following additional docu | | | | SEP 12 2019 | |
| 9/3/2019 | (| Miling | | U.C.D.G. WP | |
| Dated | Sig | nature \) | | | |
| David Steinberg | | . 14 . 26 | - h: # l'f ' | | |
| Name | | | ation # (if incard | | |
| 286 Madison Ave Suite | | York | NY | 10017 | |
| Address 0.72 209 0.164 | City | intno@a | State mail.com | Zip Code | |
| 973-298-0164 | | shiptpc@gmail.com | | | |
| Telephone Number (if available) | E-1 | E-mail Address (if available) | | | |