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DOOT. 307
AMY D. HOGUE

SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

AREN HATAMIAN, on behalf of himself, all others similarly situated, and the general public,

Plaintiff,

v.

ROBINSON PHARMA, INC., NUTRIVITA LABORATORIES, INC., DRM RESOURCES, and DOES 1-10,

Defendants.

Case No: BC612428

CLASS ACTION

COMPLAINT FOR:

VIOLATIONS OF CAL. BUS. & PROF. CODE §§17200 *et seq.*; CAL. BUS. & PROF. CODE §§17500 *et seq.*; CAL. CIV. CODE §§ 1750 *et seq.*; and

BREACH OF EXPRESS & IMPLIED WARRANTIES

DEMAND FOR JURY TRIAL

Plaintiff Aren Hatamian, on behalf of himself, all others similarly situated, and the general public, by and through his undersigned counsel, hereby sues defendants Robinson Pharma, Inc. ("Robinson Pharma"), Nutrivita Laboratories, Inc. ("Nutrivita"), DRM Resources ("DRM"), and Does 1-10, and alleges the following upon his own knowledge, or where he lacks personal knowledge, upon information and belief, including the investigation of his counsel.

INTRODUCTION

1. Defendants manufacture and sell a line of "Arthro" dietary supplements marketed as clinically-proven to provide a wide variety of joint health benefits, such as relieving joint pain and rejuvenating joint cartilage. These claims, however, are false and misleading.

2. Plaintiff brings this action on behalf of himself, others similarly situated, and the general public, to enjoin defendants' false, misleading, and unlawful advertising of the Arthro products, and to seek compensation for himself and the putative class.

JURISDICTION & VENUE

3. The California Superior Court has jurisdiction over this matter as a result of defendant's violations of the California Business and Professions Codes, California Civil Codes, and California common law principles.

4. The aggregate monetary damages and restitution sought herein exceed the minimum jurisdictional limits for the Superior Court and will be established at trial, according to proof.

5. The California Superior Court also has jurisdiction in this matter because there is no federal question at issue, as the issues herein are based solely on California statutes and law.

6. The Court has personal jurisdiction over Robinson Pharma because it has purposely availed itself of the benefits and privileges of conducting business activities within California.

7. The Court has personal jurisdiction over Nutrivita because it has purposely availed itself of the benefits and privileges of conducting business activities within California.

8. The Court has personal jurisdiction over DRM because it has purposely availed itself of the benefits and privileges of conducting business activities within California.

9. Venue is proper in Los Angeles County because plaintiff resides in Los Angeles, and a substantial part of the events or omissions giving rise to the claims occurred in Los Angeles.

PARTIES

10. Plaintiff Aren Hatamian is a resident of Los Angeles, California.

11. Defendant Robinson Pharma, Inc. is a California corporation with its principal place of business at 3330 South Harbor Boulevard, Santa Ana, California 92704.

12. Defendant Nutrivita Laboratories, Inc. is a California corporation with its principal place of business at 2781 West Macarthur Boulevard, No. B-305, Santa Ana, California 92704.

13. Defendant DRM Resources is a subsidiary of Robinson Pharma, whose principal place of business is located at 1683 Sunflower Avenue, Costa Mesa, California 92626.

14. Does 1-10 are unknown to plaintiff, but at all times were agents, servants, or employees of defendants, and were at all times acting within the course and scope of their agency or employment, with defendants' permission and consent. Each Doe defendant was and is in some way responsible for, participated in, or contributed to the conduct complained of herein, and subject to liability therefore. When plaintiff ascertains the exact nature and identity of such Does, plaintiff will seek leave of Court to amend this Complaint to set forth the same, with proper charging allegations.

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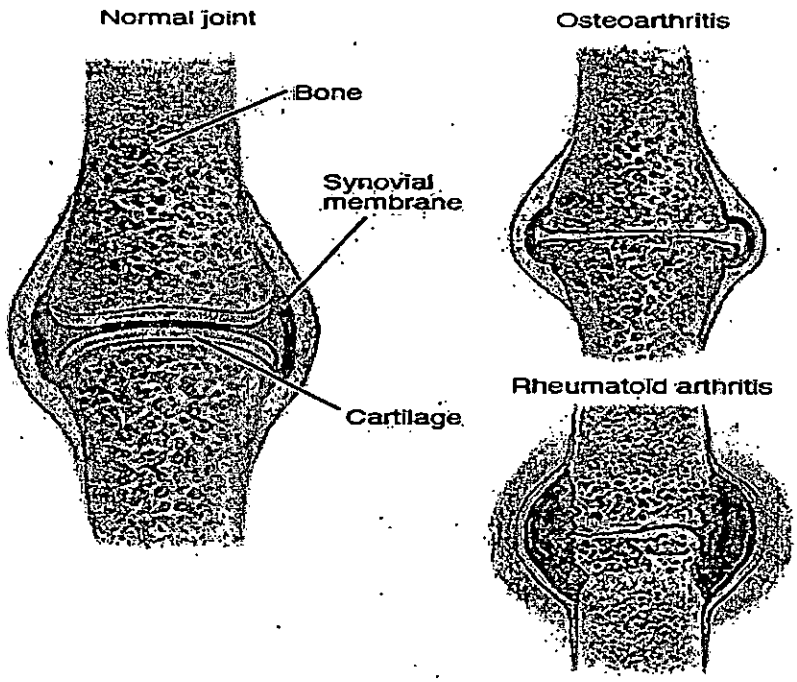
FACTS

I. ARTHRITIS

15. Arthritis is inflammation of one or more joints. The most common types of arthritis are osteoarthritis and rheumatoid arthritis. Osteoarthritis causes the protective cartilage on the ends of bones to wears down over time. Rheumatoid arthritis is an autoimmune disorder that first targets the lining of joints (synovium), as shown below.



16. Osteoarthritis can damage any joint in the body, with the most commonly-affected joints including those in the hands, knees, hips, and spine.

17. Osteoarthritis gradually worsens with age, and there is no known cure. However, osteoarthritis can be managed by staying active and maintaining a healthy weight.

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II. DEFENDANTS ADVERTISED THE ARTHRO PRODUCTS AS CLINICALLY-PROVEN TO PROVIDE A VARIETY OF JOINT BENEFITS TO ADDRESS ISSUES CAUSED BY ARTHRITIS

18. The Arthro-7 trademark was first registered with the U.S. Patent and Trademark Office on October 24, 2000. Since then, Defendants have marketed various "Arthro" products as clinically-proven to provide a variety of benefits that promote joint health, including at least the following varieties of Arthro products:

a. Arthro7

b. Arthro-7

c. U.S. Doctors' Clinical Arthro-7

d. Arthro-7 Sport

e. Arthro-7 Topical Cream

f. Arthro8

g. U.S. Doctors' Clinical Arthro8

19. Regardless of the variety, the labels of defendants' Arthro products have always claimed that the products are clinically proven to benefit joint health. Examples of claims that have appeared on the Arthro products' packaging include:

a. "CLINICALLY TESTED FORMULA"

b. "CLINICALLY PROVEN FORMULA"

c. "CLINICALLY TESTED"

d. "CLINICALLY PROVEN"

e. "FAST-ACTING JOINT FORMULA"

f. "RESULTS WITHIN 2 WEEKS

g. "Healthy Joint Support"

h. "Joint Support"

i. "Promotes Healthy Joints"

j. "Promotes overall joint health"

k. "Supports Overall Joint Health"

l. "Promotes Flexibility and Joint Health"

m. "Bone & Joint Health"

n. "Relieves Joint Discomfort"

o. "Helps Soothe Joint Discomfort"

p. "Helps Relieve Pain"

q. "Nourishes joints and cartilage"

r. "Nourishes Joint Cartilage"

s. "Promotes mobility"

t. "Supports Mobility"

u. "Promotes the health and strength of connective tissues"

v. "Better Than Glucosamine and Chondroitin"

w. "U.S. Doctor's Clinical"

x. "Physician Formulated"

y. "Doctor Formulated"

z. "Doctor Recommended"

aa. "Contains Clinically Tested AR7 Joint Complex Plus Hyaluronic Acid"

bb. "Clinically Proven Arthro-7 Enhanced with Hyaluronic Acid for Greater Physical Performance"

cc. "Safe and Effective"

20. In addition, some varieties of the Arthro products contain a testimonial from a Dr. John E. Hahn, who is described as a "Board certified foot surgeon." According to the packaging, Dr. Hahn states, "I've recommended this product for over 10 years in my clinical practice and I've seen positive results, not only for my patients but also on my own self. Positive results utilizing Arthro7 have been supported by a UCLA researcher." Dr. Hahn's testimonial, as it appears on the packaging of Arthro7, is depicted below.

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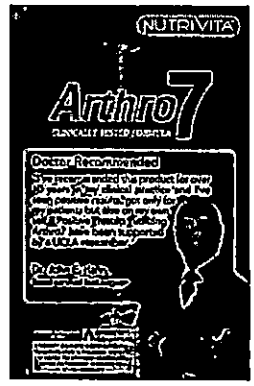

III. DEFENDANTS' "CLINICALLY PROVEN" CLAIMS ARE FALSE AND MISLEADING BECAUSE THEY ARE BASED ON FLAWED CLINICAL TRIALS THAT DO NOT ACTUALLY PROVE THE ARTHRO PRODUCTS' JOINT HEALTH CLAIMS

21. Defendants' claims for the Arthro products are based solely on two clinical trials as follows.

a. Qingwen Xie, et al., *Effects of AR7 Joint Complex on arthralgia for patients with osteoarthritis: Results of a three-month study in Shanghai, China*, Nutrition Journal (October 27, 2008) [hereinafter the "2008 AR7 Study"], attached hereto as Exhibit 1; and

b. Qingwen Xie, et al., *Effects of Arthro-7 in relieving symptoms of osteoarthritis with mild to moderate arthralgia*, Nutrition & Dietary Supplements, Vol. 5, pp. 1-6 (2013) [hereinafter the "2013 Arthro-7 Study"], attached hereto as Exhibit 2.

A. The 2008 AR7 Study Does Not Provide Clinical Proof of Arthro-7's Claims to Provide Benefits to Joint Health

22. The 2008 AR7 Study involved 100 subjects who were over 50 years old and had symptoms of degenerative joint disease, including joint pain, stiffness, swelling, or difficulty walking. Subjects were divided into treatment and control groups, and evaluated on a weekly basis over a three-month period, with researchers measuring physical activity,

social function, physical health issues, emotional health issues, body paid, vitality, mental health, and general health. 2008 AR7 Study, p. 2.

23. After three months of intervention, no significant differences were observed between the two groups for limitations of activities, as shown in table 2. X-ray data did not show any significant differences between the two groups. *Ibid.*, p. 3.

24. The p[1] value shows no statistically-significant difference between the treatment and the control groups, since the p value for joint stiffness, tenderness, and activity limitations were higher than 0.01, as shown in table 2. *Ibid.*, p. 4.

25. Moreover, the p value for joint pain was not even reported. *Ibid.*, p. 4.

26. Additionally, a comparison of the quality of life for the treatment group compared to control group before and after the clinical study was documented in table 3, showing no statistically-significant differences between the groups since the p value for all measurements—physical activities, social functions, physical health problems, emotional health problems, body pain, vitality, mental health, and general health—were all higher than 0.01. *Ibid.*, p. 5.

27. The 2008 AR7 Study concluded it is not known how long a patient would need to take Arthro-7 to feel any change, nor how long any change would last. *Ibid.*, p. 5.

28. The study speculated that Arthro-7 may provide anti-inflammatory effects, but that has little to do with degenerative joint changes. *Ibid.*

29. Furthermore, the study itself concluded that care should be taken in interpreting the data because the sample size was small and the duration was short,

[1] The p value, or the null hypothesis, is the probability that we would observe effects as big as those observed in the study at hand if there was really no difference between the drug/dietary supplement and placebo. If P is small, the findings are unlikely to be the result of chance. By convention, if P is less than 0.01, the results are deemed highly significant because it would indicate that the chance that the findings happened by accident is less than 0.01.

providing little or no information about long-term effects and the actual mechanism of the purported benefit. *Ibid.*, p. 6.

B. The 2013 Arthro-7 Study Does Not Provide Clinical Proof of Arthro-7's Claims to Provide Benefits to Joint Health

30. The 2013 Arthro-7 Study involved 100 Chinese subjects who were over 50 years old, and who suffer from degenerative joint disease, joint pain, stiffness, swelling, or difficulty walking. These patients were divided into a treatment group given Arthro-7, and a control group given a placebo. After three months of use, the treatment group reported some improvement in body pain versus the control group. 2013 Arthro-7 Study, p. 2.

31. The 2013 Arthro-7 Study did not find statistically-significant differences after the intervention between the symptoms in the Arthro-7 and the placebo groups, with the exception of Arthlargia as shown on table 3. *Ibid.*, p. 4.

32. Tellingly, the subjects in the Arthro-7 group had more difficulty getting up from bed than did the subjects in the placebo group. *Ibid.*, p. 3.

33. Additionally, a comparison of individual changes between the Arthro-7 and the placebo groups, in table 5, shows a wide confidence interval levels since the study was quite small and the confidence level estimates were quite imprecise. *Ibid.*, p. 4.

34. The 2013 Arthro-7 Study's authors admit that any conclusions that can be drawn from the study are limited, including because of the lack of an objective indicator for any hypothetical changes promoted by Arthro-7, the presence of confounding factors such as weight, diet, lifestyle, and other drugs or supplements, and the small sample size. *Ibid.*, p. 5.

35. Additionally, the study was limited by the use of questionnaires to collect baseline information from participants, which relied on participants' recall and was therefore inherently imprecise. *Ibid.*

36. The study was designed and written by Defendants, with four of the study's ten authors identified as employees of DRM. The study misleadingly claims that Robinson

Pharma had no role in its design or conduct despite the fact that DRM is Robinson Pharma's subsidiary,. *Ibid.*, p. 6.

IV. DEFENDANTS' MARKETING CLAIMS ARE FALSE AND MISLEADING BECAUSE THE ARTHRO PRODUCTS DO NOT CONTAIN COLLAGEN TYPE II THAT PROVIDES ANY THERAPEUTIC BENEFIT

37. The primary ingredient in the Arthro products that Defendants claim promotes the foregoing benefits is their so-called "AR7 Joint Complex," as set forth in the following exemplar of an Arthro-7 product's Supplement Facts box:

ARTHRO-7®

Directions: For adults only. Take two (2) capsules twice a day for the first four weeks, preferably before any two meals. Continue at this dosage thereafter, or you may reduce to two (2) to three (3) capsules daily for maintenance purposes. Do not take this supplement within one hour of taking medications. Do not exceed the recommended dosage.

Supplement Facts
Serving Size 2 Capsules / Servings Per Container 30

	Amount Per Serving	%DV*
Vitamin C (as ascorbic acid)	140 mg	234%
Hyaluronic Acid	10 mg	*
AR7 Joint Complex	1170 mg	*
Collagen (from chicken)**, Cetyl myristoleate (CMO), Lipase 30, Methylsulfonylmethane (MSM), Turmeric (*Curcuma longa* extract, 95% curcumin), Bromelain 2400 GDU (from pineapple)		

*Daily Value (DV) not established.
**Not a significant source of Collagen Type II.

Other Ingredients: Gelatin, silicon dioxide, magnesium stearate, titanium dioxide.

38. According to Defendants' own sponsored study, 2008 AR7 Study, Collagen type II is the major ingredient of AR7 Joint Complex, and a major component of joint cartilage, playing an important role in maintaining joint function. 2008 AR7 Study, p. 4.

39. Collagen type II, which is extracted from chicken, comprises 85% to 90% of Arthro-7 product, according to Defendants' 2013 Arthro-7 Study. *Ibid.*, p. 5.

40. Emphasizing the importance of collagen type II, Defendants' website advertised collagen type II as the type most helpful to the joints, among 14 other types of collagen in the body. *See, e.g.*, Exhibit 3.

41. Defendants claimed that collagen type II is a molecular Velcro that glues the articular cartilage in the joints together, and an amazing material that heals wounds, fortifies unhealthy joints, improves mobility, and supports overall joint health. *Ibid.*

42. However, the label of the Arthro product itself disclaims the presence of any significant amount of collagen type II, the active ingredient, in Arthro-7.

43. Because Defendants' Arthro products do not contain the type of collagen that Defendants themselves have asserted is therapeutically effective, Defendants' claims about the benefits of Arthro products are false and misleading.

CLASS ACTION ALLEGATIONS

44. California Code of Civil Procedure section 382 provides that "when the question is one of a common or general interest, of many persons, or when the parties are numerous, and it is impracticable to bring them all before the court, one or more may sue or defend for the benefit of all."

45. While reserving the right to redefine or amend the class definition prior to seeking class certification, plaintiff brings this suit as a class action pursuant to Cal. Code Civ. P. § 382 on behalf of himself and a Class of all persons in the California who in the past four years (the "Class Period"), purchased, for personal or household use, and not for resale or distribution purposes, an Arthro product (as defined herein).

46. The members in the proposed Class are so numerous that individual joinder of all members is impracticable, and the disposition of the claims of all Class Members in a single action will provide substantial benefits to the parties and Court.

47. Questions of law and fact common to Plaintiff and the Class include:

a. whether defendants communicated a message regarding joint health benefits of the Arthro products through their packaging and advertising;

b. whether that message was material, or likely to be material to a reasonable consumer;

c. whether the health and benefit claims are false, misleading, or reasonably likely to deceive a reasonable consumer;

d. whether defendants' conduct violates public policy;

e. whether defendants' conduct violates state or federal food statutes or regulations;

f. the proper amount of damages, including punitive damages;

g. the proper amount of restitution;

h. the proper scope of injunctive relief; and

i. the proper amount of attorneys' fees.

48. These common questions of law and fact predominate over questions that affect only individual Class Members.

49. Plaintiff's claims are typical of Class Members' claims because they are based on the same underlying facts, events, and circumstances relating to defendants' conduct. Specifically, all Class Members, including plaintiff, were subjected to the same misleading and deceptive conduct when they purchased the challenged Arthro products, and suffered economic injury because the Arthro products are misrepresented. Absent defendants' business practice of deceptively and unlawfully labeling its products, plaintiff and Class members would not have purchased the Arthro products.

50. Plaintiff will fairly and adequately represent and protect the interests of the Class, has no interests incompatible with the interests of the Class, and has retained counsel competent and experienced in class action litigation, and specifically in litigation involving the false and misleading advertising of foods and dietary supplements.

51. Class treatment is superior to other options for resolution of the controversy because the relief sought for each Class Member is small such that, absent representative litigation, it would be infeasible for Class Members to redress the wrongs done to them.

52. Questions of law and fact common to the Class predominate over any questions affecting only individual Class Members.

53. Defendants have acted on grounds applicable to the Class, thereby making appropriate final injunctive and declaratory relief concerning the Class as a whole.

CAUSES OF ACTION

FIRST CAUSE OF ACTION

Violations of the Unfair Competition Law,

Cal. Bus. & Prof. Code §§ 17200 *et seq.*

54. Plaintiff realleges and incorporates the allegations elsewhere in the Complaint as if set forth in full herein.

55. The UCL prohibits any "unlawful, unfair or fraudulent business act or practice." Cal. Bus. & Prof. Code §17200.

56. The acts, omissions, misrepresentations, practices, and non-disclosures of Defendants as alleged herein constitute business acts and practices.

Fraudulent

57. A statement or practice is fraudulent under the UCL if it is likely to deceive the public, applying a reasonable consumer test.

58. As set forth herein, the defendants' claims relating to the Arthro products are likely to deceive reasonable consumers and the public.

Unlawful

59. The acts alleged herein are "unlawful" under the UCL in that they violate at least the following laws:

- The False Advertising Law, Cal. Bus. & Prof. Code §§ 17500 *et seq.*;
- The Consumers Legal Remedies Act, Cal. Civ. Code §§ 1750 *et seq.*;

Unfair

60. Defendants' conduct with respect to the labeling, advertising, and sale of the Arthro products was unfair because defendants' conduct was immoral, unethical, unscrupulous, or substantially injurious to consumers and the utility of their conduct, if any, does not outweigh the gravity of the harm to their victims.

61. Defendants' conduct with respect to the labeling, advertising, and sale of the Arthro products was also unfair because it violated public policy as declared by specific constitutional, statutory or regulatory provisions, including but not limited to the False Advertising Law.

62. Defendants' conduct with respect to the labeling, advertising, and sale of the Arthro products was also unfair because the consumer injury was substantial, not outweighed by benefits to consumers or competition, and not one consumers themselves could reasonably have avoided.

63. Defendants profited from their sales of the falsely, deceptively, and unlawfully advertised Arthro products to unwary consumers.

64. Plaintiff and Class Members are likely to be damaged by defendants' deceptive trade practices, as defendants continue to disseminate misleading information. Thus, injunctive relief enjoining this deceptive practice is proper.

65. Defendants' conduct caused and continues to cause substantial injury to plaintiff and the other Class Members. Plaintiff has suffered injury in fact as a result of defendants' unlawful conduct.

66. In accordance with Bus. & Prof. Code § 17203, plaintiff seeks an order enjoining defendants from continuing to conduct business through unlawful, unfair, and/or fraudulent acts and practices, and to commence a corrective advertising campaign.

SECOND CAUSE OF ACTION

Violations of the False Advertising Law,

Cal. Bus. & Prof. Code §§ 17500 *et seq.*

67. Plaintiff realleges and incorporates the allegations elsewhere in the Complaint as if set forth in full herein.

68. Under the FAL, "[i]t is unlawful for any person, firm, corporation or association, or any employee thereof with intent directly or indirectly to dispose of real or personal property or to perform services" to disseminate any statement "which is untrue or

misleading, and which is known, or which by the exercise of reasonable care should be known, to be untrue or misleading." Cal. Bus. & Prof. Code § 17500.

69. It is also unlawful under the FAL to disseminate statements concerning property or services that are "untrue or misleading, and which is known, or which by the exercise of reasonable care should be known, to be untrue or misleading." *Id.*

70. As alleged herein, the advertisements, labeling, policies, acts, and practices of defendants relating to the Arthro products misled consumers acting reasonably as to the healthfulness of the products.

71. Plaintiff suffered injury in fact as a result of defendants' actions as set forth herein because plaintiff purchased Arthro-7 in reliance on defendants' false and misleading marketing claims that the product, among other things, promotes joint health.

72. Defendants' business practices as alleged herein constitute unfair, deceptive, untrue, and misleading advertising pursuant to the FAL because defendants have advertised the Arthro products in a manner that is untrue and misleading, which defendants knew or reasonably should have known, and omitted material information from the products' advertising.

73. Defendants profited from their sales of the falsely and deceptively advertised Arthro products to unwary consumers.

74. As a result, pursuant to Cal. Bus. & Prof. Code § 17535, plaintiff and the Class are entitled to injunctive and equitable relief.

THIRD CAUSE OF ACTION

Violations of the Consumer Legal Remedies Act,

Cal. Civ. Code §§ 1750 *et seq.*

75. Plaintiff realleges and incorporates the allegations elsewhere in the Complaint as if set forth in full herein.

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76. The CLRA prohibits deceptive practices in connection with the conduct of a business that provides goods, property, or services primarily for personal, family, or household purposes.

77. Defendants' false and misleading labeling and other policies, acts, and practices were designed to, and did, induce the purchase and use of Arthro products for personal, family, or household purposes by plaintiff and Class Members, and violated and continue to violate the following sections of the CLRA:

a. § 1770(a)(5): representing that goods have characteristics, uses, or benefits which they do not have;

b. § 1770(a)(7): representing that goods are of a particular standard, quality, or grade if they are of another;

c. § 1770(a)(9): advertising goods with intent not to sell them as advertised; and

d. § 1770(a)(16): representing the subject of a transaction has been supplied in accordance with a previous representation when it has not.

78. Defendants profited from their sales of the falsely, deceptively, and unlawfully advertised Arthro products to unwary consumers.

79. Defendants' wrongful business practices constituted, and constitute, a continuing course of conduct in violation of the CLRA.

80. As a result, plaintiff and the Class have suffered harm, and therefore seek restitution and injunctive relief in the form of modified advertising and a corrective advertising plan.

81. In compliance with Cal. Civ. Code § 1782, plaintiff has sent written notice to Defendants of his claims. Although plaintiff does not currently seek damages for his claims under the CLRA, if Defendants refuse to remedy the violation within 30 days of receiving the letter, plaintiff may thereafter amend this Complaint to seek damages.

82. In compliance with Cal. Civ. Code § 1780(d), plaintiff's venue affidavit is filed concurrently herewith.

FOURTH CAUSE OF ACTION

Breach of Express Warranties,

Cal. Comm. Code § 2313(1)

83. Plaintiff realleges and incorporates the allegations elsewhere in the Complaint as if set forth in full herein.

84. Through the Arthro product labels, defendants made affirmations of fact or promises, or description of goods, which were "part of the basis of the bargain," in that plaintiff and the Class purchased the products in reasonable reliance on those statements. Cal. Com. Code § 2313(1).

85. Defendants breached their express warranties by selling products that do not support joint health.

86. That breach actually and proximately caused injury in the form of the lost purchase price that plaintiff and Class members paid for the Arthro products.

87. As a result, plaintiff seeks, on behalf of herself and other Class Members, injunctive relief prohibiting Defendants from continuing false and misleading advertisement.

88. Prior to filing the lawsuit, plaintiff, on behalf of himself and the class, gave Defendants notice of the breach.

FIFTH CAUSE OF ACTION

Breach of Implied Warranty of Merchantability,

Cal. Comm. Code § 2314

89. Plaintiff realleges and incorporates the allegations elsewhere in the Complaint as if set forth in full herein.

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90. Defendants, through their acts and omissions set forth herein, in the sale, marketing and promotion of the Arthro products, made representations to plaintiff and the Class that, among other things, the products promote joint health.

91. Plaintiff and the Class bought Arthro products manufactured, advertised, and sold by defendants, as described herein.

92. Defendants are merchants with respect to the goods of this kind which were sold to plaintiff and the Class, and there was, in the sale to plaintiff and other consumers, an implied warranty that those goods were merchantable.

93. However, defendants breached that implied warranty in that the Arthro products do not promote joint health.

94. As an actual and proximate result of defendants' conduct, plaintiff and the Class did not receive goods as impliedly warranted by defendants to be merchantable in that they did not conform to promises and affirmations made on the container or label of the goods.

95. Plaintiff and Class have sustained damages as a proximate result of the foregoing breach of implied warranty in the amount of the Arthro products' purchase price.

96. Prior to filing the lawsuit, plaintiff, on behalf of himself and the class, gave Defendants notice of the breach.

PRAYER FOR RELIEF

97. Wherefore, Plaintiff, on behalf of himself, all others similarly situated and the general public, prays for judgment against defendants as to each and every cause of action, and the following remedies:

A. An Order declaring this action to be a proper class action, appointing plaintiff as class representative, and appointing undersigned counsel as class counsel;

B. An Order requiring defendants to bear the cost of class notice;

C. An Order enjoining defendants from using any challenged labeling or marketing claim that is found to be false, misleading, or unlawful;

D. An Order compelling defendants to conduct a corrective advertising campaign;

E. An Order compelling defendants to destroy all misleading and deceptive advertising materials and Arthro products' labels;

F. An Order requiring Defendants to disgorge or return all monies, revenues, and profits obtained by means of any wrongful or unlawful act or practice;

G. An Order requiring Defendants to pay all actual and statutory damages permitted under the causes of action alleged herein;

H. An Order requiring Defendants to pay restitution to restore all funds acquired by means of any act or practice declared by this Court to be an unlawful, unfair, or fraudulent business act or practice, untrue or misleading advertising, or a violation of the UCL, FAL, or CLRA, plus pre- and post-judgment interest thereon;

I. An Order requiring Defendants to pay plaintiff's costs, expenses, and reasonable attorneys' fees; and

H. Any other and further relief that Court deems necessary, just, or proper.

JURY DEMAND

Plaintiff hereby demands a trial by jury on all triable issues.

Dated: March 1, 2016

/s/ Martin Jerisat

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EXHIBIT 1

EXHIBIT 1

Nutrition Journal

BioMed Central

Research

Open Access

Effects of AR7 Joint Complex on arthralgia for patients with osteoarthritis: Results of a three-month study in Shanghai, China

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Abstract

Background: Osteoarthritis-induced arthralgia is a common cause of morbidity in both men and women worldwide. AR7 Joint Complex is a nutritional supplement containing various ingredients including sternum collagen II and methylsulfonylmethane. The product has been marketed in United States for over a decade, but clinical data measuring the effectiveness of this supplement in relieving arthralgia is lacking. The goal of this study was to determine the effect of AR7 Joint Complex on osteoarthritis.

Methods: A total of 100 patients over the age of 50 who had osteoarthritis were recruited to the double-blind study and randomly assigned into either treatment or placebo control groups. The patients in the treatment group were given AR7 Joint Complex orally, 1 capsule daily for 12 weeks, while the patients in the control group were given a placebo for the same period of time. Prior to and at the end of the study, data including Quality of Life questionnaires (SF-36), visual analog scales (1 to 100 mm), and X-rays of affected joints were collected.

Results: A total of 89 patients completed the study: 44 from the treatment group and 45 from the control group. No significant change in X-ray results was found in either group after the study. However, there was a significant decrease in patients complaining of arthralgia and tenderness ($P < 0.01$) in the treatment group and there was also a significant difference between the treatment and control groups at the end of the study. In addition, for Quality of Life data, the body pain index (BP) in the treatment group was significantly improved ($P < 0.05$) compared to the control group. No significant toxicity was noted in either group.

Conclusion: AR7 Joint Complex appears to have short-term effects in relieving pain in patients with osteoarthritis. Whether such an effect is long-lasting remains to be seen.

Introduction

Osteoarthritis (OA), or degenerative joint disease, is the most common form of arthritis and affects almost all joints, especially weight-bearing joints [1]. It affects both men and women of all races [2]. Its prevalence increases with age and is almost universal in individuals over the age of 75. In essence, it is a degenerative disease related to aging. Clinically, OA is characterized by progressive deterioration and loss of articular cartilage accompanied by proliferation of new bone and soft tissue in and around the involved joint [3]. Symptoms include joint pain, swelling, stiffness, and crepitus. The pain usually begins insidiously, in the form of a deep, aching, poorly localized pain occurring with the use of the involved joint and relieved by rest. Stiffness occurs in the morning and after periods of inactivity. Crepitus may occur with joint movement due to loss of cartilage. The most common clinical findings in physical examinations include the formation of Heberden's nodes (enlarged dorsomedial and lateral aspects of the distal interphalangeal joint) in the early stage and osteophytes, as well as severe deformity accompanied by joint sclerosis at a later stage [4].

The pathogenesis of OA is poorly understood, but inflammation appears to play an important role [5]. Breakdown products of cartilage stimulate the release of collagenase and other hydrolytic enzymes from cells in the synovium. The presence of immunoglobulin and complement in the superficial layer of cartilage suggest that immune complexes may induce an inflammatory response. Recently, cyclooxygenase-2 (COX-2) selective nonsteroidal anti-inflammatory drugs (NSAIDs), for example Celebrex, have been shown to be as effective as acetaminophen and nonselective NSAIDs in treating OA (for a recent review, see ref [6]). This finding highlights the importance of the inflammatory mechanism in the pathogenesis of this disease. There is no specific laboratory test to help establish the clinical diagnosis of OA. Radiographs of the involved joints are initially normal, but as the disease progresses, joint space narrowing, eburnation, and osteophytes are observed. The treatment includes the use of NSAIDs, intra-articular steroid injection, and orthopedic surgery [5].

AR7 Joint Complex is a nutritional supplement that has been available on the market for over a decade with no serious side effects reported. It contains sternum collagen, methylsulfonylmethane (MSM), cetyl myristoleate (CMO), lipase, turmeric, vitamin C, and bromelain. However, the benefits of this supplement in relieving symptoms of OA have not been tested in a clinical setting. The rationale of this project was to examine the short-term effects of AR7 in relieving symptoms, mainly joint pain and stiffness, in patients who suffer from OA. The findings might provide preliminary data to determine the benefits of AR7 as an alternative, non-surgical method for patients with OA.

Methods

Materials

AR7 in the form of softgels were provided by Robinson Pharma (Orange County, CA, USA). The product was manufactured following cGMP guidelines. The main ingredients of AR7 included sternum collagen, methylsulfonylmethane (MSM), cetyl myristoleate (CMO), lipase, vitamin C, and bromelain. The main ingredient of the placebo softgel was corn oil. In addition, there were gelatin, glycerin, purified water and titanium dioxide, and artificial food coloring. The placebo control pill was also manufactured by Robinson Pharma.

Subjects

All subjects were identified and recruited from 2 community health centers in Shanghai, People's Republic of China: the Zha Pu community health service center and Tang Qiao community health service center. All patients were screened by American College of Rheumatology criteria [7]. The inclusion criteria included patients who were: over 50 years old at screening, either male or female, and displayed symptoms of degenerative joint diseases, including joint pain, stiffness, swelling, and difficulty walking and/or getting up/down stairs. All patients were free from the following diseases: cancer, gallstone, ulcers, and gout. None of them were taking bromelain, antibiotics (including amoxicillin and tetracycline), antiplatelet drugs, or warfarin. The study was reviewed and approved by the Internal Review Boards of the Zha Pu and Tang Qiao community health service centers, and consent was obtained from each of the study subjects.

According to the above stated inclusion/exclusion criteria, a total of 100 patients were recruited and randomly assigned into 2 groups: a treatment group and a control group, with 50 patients in each group. Among them, 11 patients withdrew from the study - 2 patients moved away, 2 decided to undergo physical therapy instead, 3 showed mild stomach discomfort after taking the pill within the first 2 weeks of the study, and the remaining 4 had difficulty making multiple hospital visits. As a result, 44 patients in the treatment group and 45 patients in the control group completed the study.

Patient entry and randomization

Patients were enrolled in the study once the informed-consent form was signed. Each subject was blindly randomized into either the treatment (Group 1) or control group (Group 2). Simple randomization was conducted using random numbers from a computer-generated sequence. The randomization was conducted centrally in Dr. Shi's department at Shanghai Jiatong University. At

the time of enrollment, each patient recruited for the study selected an envelope assigning him/her to one of the 2 groups. After randomization, each subject received a container marked with a colored label (e.g., red or blue) with 30 softgel capsules inside. Treatment blinding was maintained throughout the study period. Each subject took 1 color-coded capsule orally and daily with water, immediately after breakfast.

Physicians at each facility were responsible for performing clinical examinations, ordering and interoperating laboratory testing, and x-ray findings. They were also responsible for filling out the SF-36 form. They were trained by investigators at Shanghai Jiaotong University (Dr. Shi and Dr. Xie) prior to initiation of the study.

Baseline assessment and laboratory testing

Each subject's date of birth, sex, race, medical history, current medications, and alcohol history were obtained by the investigators using a standard SF-36 questionnaire at the time of the initial screening prior to randomization. Physical examinations were performed by local physicians, focusing on joint conditions, and a standardized form was used to record findings. Laboratory tests were performed at the beginning and end of the study. Tests included: blood tests for CBC and Serum BUN/Creatinine; urine tests with clean-catch urine samples for dipstick analysis of hematuria and pH; and uric acid analysis (to rule out gout). X-rays of affected joints were also taken to document the degree of joint space narrowing, eburnation, and osteophytes.

Study duration and patient follow-up

All study subjects were recruited within the first 2 weeks of the study. Each subject was then monitored for 3 months. The treatment period for each subject was exactly 3 months. Specific tests, as outlined above, were performed after the 2-week washout phase and again at the end of the study (3 months later). All subjects were asked to return to the clinic on a weekly basis for the first month and on a monthly basis for the remaining 3 months. At each visit, the investigators addressed concerns that the subject had, evaluated compliance and toxicity, and resupplied additional capsules. The capsules remaining in the returned bottle were counted and recorded. Records of other drugs taken at the same period were also taken.

Quality of life measurement

The study used the standard "Health Survey" (SF-36) to measure quality of life of the studied subjects. The major components included physical function (or limitations of activity, PF), social function (or social activities, SF), physical health problems (PHP), emotional health problems (EHP), body pain (BP), vitality (VT), mental health (or energy and emotions, MH), and general health (GH). SF-36 surveys were conducted at the baseline and each follow-up visit by a physician was conducted in a blind fashion (without knowing if the subject was in the treatment or placebo group). All questionnaire data were coded according to severity from lowest to highest, and then summarized with one numerical score for each category where higher scores corresponded to better health status.

Data analysis

The database was managed by the EpiData 3.0 system using SPSS 11.0 software for data analysis. For quantitative measurements, a Student's t-test was used to compare the results of the treatment and control groups while a paired t-test was used for comparing before-and-after data for each group. For qualitative data, chi-square analysis and the Wilcoxon Rank Sum test were used.

Results

Baseline data

The 89 subjects had an average age of 62.54 ± 9.05. They consisted of 21 males and 68 females. The control and treatment groups showed similar age compositions (mean age 63.27 ± 9.03 versus 61.82 ± 9.11, respectively) and gender distribution ($X^2 = 2.85$, $P = 0.09$).

The reported OA symptoms for each subject ranged from 1–39 years with an average of 9.10 ± 8.14 years. At the baseline, the 2 groups showed no significant differences in the length of time since onset of OA, history of taking steroid medication, and joint symptoms including joint pain, stiffness, tenderness, and limitation of activity ($P > 0.05$ for all, Table 1). Thus, the 2 groups were well-balanced. X-ray examinations also showed a similar degree of changes in joint narrowing, eburnation, and osteophytes in both groups (data not shown).

Results after intervention

After a 3-month study period, the percentage of patients reported to have joint pain, stiffness, and tenderness were significantly decreased in the treatment group versus the control group (Table 2). No serious or unexpected adverse events associated with the capsules were found. No significant difference was seen for limitation of activity between the 2 groups (Table 2) and X-ray data also did not show any significant changes between them (data not shown). Compared to the baseline (Table 1), however, the percentage of patients complaining of joint pain, stiffness, tenderness, and even limitation of activity were significantly decreased after the study in the treatment group, but not in the control group.

When quality of life questionnaire data were analyzed item by item, we observed that there were no significant differences between the 2 groups at the baseline in any of the categories. After the study, there was a significantly

Table 1: Comparison of baseline percentages of positive findings in treatment and control groups

Items	Positive (%)			
	Treatment (n = 44)	Control (n = 45)	X^2 Value	P Value
Age	63.27	61.82		
Sex	M/F (15.9/84.1)	M/F (31.1/68.9)	2.852	0.091
X-ray findings*	100%	100%		
Taking medication	45.5	31.1	1.93	0.164
Joint pain	95.5	82.2	2.69	0.101
Joint stiffness	47.7	53.3	0.28	0.597
Joint tenderness	84.1	77.8	0.57	0.449
Joint activity limitation	61.4	46.7	1.93	0.164

*All patients recruited to the study showed similar degrees of x-ray findings including joint space narrowing, eburnation, and osteophytes.

improved score for body pain (BP) in the treatment group versus the control group (64.07 ± 14.22 versus 55.76 ± 18.00, respectively, P = 0.02, Table 3). Other categories including physical function (PF, or limitations of activity), physical health problems (PHP), vitality (VT), social function (SF, or social activities), emotional health problems (EHP), mental health (MH, or energy and emotions), and general health (GH) did not show a statistically significant difference between the two groups. In the treatment group, statistically significant improvements of scores were observed at the end of the study compared to the beginning for all categories except social function (SF) (P < 0.01 for all except SF by paired t-test, Table 3). However, such a change was also observed, although to a lesser a degree, in some categories (BHP, EHP, and GH) in the control group as well, suggesting some placebo effects might be present.

Table 2: Comparison of percentages of positive findings in treatment versus control groups after 12-week clinical study

Items	Positive(%)			
	Treatment (n = 44)	Control (n = 45)	X^2 Value	P Value
Joint pain	43.2*	71.1		
Joint stiffness	22.7*	42.2	3.85	0.050
Joint tenderness	45.5*	71.1	6.03	0.014
Joint activity limitation	27.3*	44.4	2.85	0.091

* P < 0.01 when comparing these variables before versus after the study in the treatment group.

Discussion

OA is a common disease affecting middle-aged to elderly people [3]. Though the mortality rate of OA may be low, the morbidity and effect on quality of life can be quite substantial. Research has shown that people with OA not only have reduced body function and social function, but also low moods, pain, fatigue, and reduced quality of life [8]. People with joint disease have a tendency to be depressed when compared to healthy individuals [9]. Currently, the main treatments for OA are nonsteroidal anti-inflammatory drugs (NSAIDs). But these treatments cannot inhibit OA degeneration. In addition, long-term use of these drugs has shown many side effects.

AR7 Joint Complex is a dietary supplement containing sternum collagen type II, methylsulfonylmethane (MSM), cetyl myristoleate (CMO), vitamin C, bromelain, turmeric, and lipase. Collagen type II is the major ingredient in this nutritional supplement. As a major component of joint cartilage, it is important in maintaining joint function. A study has shown that collagen type II may suppress the local immune response, which may delay cartilage degeneration and inhibit chronic inflammation [10]. Interestingly, Whitacre reported that OA patients misdiagnosed with rheumatoid arthritis showed significantly improved joint symptoms after taking collagen type II [11]. Yet another study reported that collagen type II

Table 3: Quality of Life for treatment group compared to control group before and after clinical study

Items	Before ($\bar{X}$ ± S)			After ($\bar{X}$ ± S)		
	Treatment (n = 44)	Control (n = 45)	P Value	Treatment (n = 44)	Control (n = 45)	P Value
PF	50.57 ± 25.00	52.44 ± 25.97	0.729	61.82 ± 26.31*	55.78 ± 25.69	0.276
PHP	40.10 ± 6.05	43.76 ± 6.52	0.690	54.55 ± 40.22*	58.89 ± 42#	0.636
BP	50.82 ± 14.36	51.64 ± 15.92	0.798	64.07 ± 14.22*	55.76 ± 18.00	0.020
VT	54.55 ± 15.58	58.78 ± 14.89	0.194	58.41 ± 14.21*	61.89 ± 15.79	0.278
SF	73.99 ± 16.24	69.63 ± 17.63	0.229	74.24 ± 13.51	77.28 ± 18.49	0.379
EHP	16.29 ± 19.85	24.81 ± 23.20	0.066	53.03 ± 47.31*	52.60 ± 45.22*	0.965
MH	60.82 ± 13.46	66.40 ± 16.52	0.085	65.64 ± 13.18*	67.91 ± 16.35	0.472
GH	49.54 ± 14.45	52.43 ± 15.94	0.373	61.68 ± 19.68*	61.44 ± 19.85*	0.955

*: P < 0.01;
#: P < 0.05.
PF: physical function (or limitations of activity); PHP, physical health problems; BP, body pain; VT, vitality; SF, social function (or social activities); EHP, emotional health problems, MH, mental health (or energy and emotions); and GH, general health.

might inhibit the cartilage matrix reductase, suggesting that it may reduce the joint degeneration seen in OA patients [12].

Other ingredients contained in AR7 Joint Complex such as MSM, CMO, bromelain, turmeric, lipase, and vitamin C are widely considered to have some potential beneficial effects on joint disease, but the evidence is less clear. For example, MSM provides a rich source of sulfur, which is a required structural mineral found in connective tissue including mucopolysaccharides and fibrous cartilage that maintain elasticity and flexibility [13]. CMO, on the other hand, is a fatty acid ester that serves as a surfactant to lubricate the involved joints [14]. Bromelain is derived from pineapple and it is believed to be a smooth muscle relaxant, helping to relieve cramping, alleviate joint discomfort and swelling, and increase joint mobility [14]. Turmeric (*Curcuma longa*) is a perennial herb of the ginger family, which has been used in Ayurvedic medicine to decrease redness and swelling [15]. However, few scientifically sound reports are available to substantiate the claims of these components.

The results of the current study show that after taking AR7 Joint Complex the treatment group had a significantly decreased percentage of patients complaining of joint pain and tenderness compared to the control group (Table 2). Significant improvement was also observed when comparing pre- and post-study data in the treatment group for joint pain, stiffness, tenderness, and limitation of activity. No significant improvement was noted in the control group. A similar trend was also observed when quality of life data were analyzed item by item (Table 3). Together, these findings suggest that there is evidence that AR7 Joint Complex may provide anti-arthralgia effects in OA patients. However, these effects were observed when comparing the data from the baseline to the end of the three-month study. At this time, we do not know how long it takes to achieve the effects, nor do we know how long they will last either with or without continued application of AR7 Joint Complex. But it is clear from this short-term study that no significant changes of X-ray findings are seen with the short-term treatment. This may be due to the fact that many of the patients studied have long-standing history of OA (average 9 years) and such a short-term treatment would be unlikely to have a substantial effect on reversing the structural damage. Alternatively, AR7 Joint Complex may only provide anti-inflammatory effects that have little to do with degenerative joint changes.

There were some significant improvements in several variables for quality of life data in the control group (PHP, EHP, and GH) before and after the study, although the magnitude of improvement was substantially smaller compared to the treatment group for each variable (Table 3). This finding suggests the presence of a placebo effect. However, since there was no significant change in the per-

centage of patients reporting joint symptoms before and after the study in the control group overall, such a placebo effect should be rather limited.

The exact pain-relieving mechanisms of AR7 Joint Complex in the OA patients remain to be determined. AR7 Joint Complex may function in the following ways: 1) it may help correct or balance enzyme activities, thereby inhibiting the activities of cartilage matrix degeneration; 2) it may enhance joint flexibility by lubricating joints and relaxing surrounding muscles; 3) it may have an anti-inflammatory effect in the joint.

While some short-term benefits of AR7 in relieving symptoms of OA have been observed in this placebo-controlled randomized study, it should be noted that the sample size was relatively small and the duration was short. Therefore, caution should be taken into consideration when interpreting the data, and additional studies with larger sample sizes and longer-term treatment may be necessary to test the effectiveness of AR7 on OA patients.

Conclusion

In summary, this short-term placebo-controlled study showed that the nutritional supplement AR7 Joint Complex can help alleviate pain associated with OA. However, the study is limited by a small sample size and short-term treatment. Long-term effects and the actual mechanisms remain to be studied.

Authors' contributions

Each author has contributed substantially to the study, including study design, data collection, data analysis, and manuscript preparation.

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EXHIBIT 2

EXHIBIT 2

Nutrition and Dietary Supplements

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ORIGINAL RESEARCH

Effects of Arthro-7® in relieving symptoms of osteoarthritis with mild to moderate arthralgia

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Background: Osteoarthritis is a common chronic disease affecting aged populations. Conventional therapies tend to result in side effects when used long-term. Arthro-7® (Robinson Pharma, Orange County, CA, USA) has been used by osteoarthritis patients for more than 10 years in the USA and has showed promising effects at relieving osteoarthritis-related symptoms. A previous small, double-blind study has shown some positive effects of Arthro-7 in relieving symptoms of osteoarthritis. The current study was performed specifically in osteoarthritis patients with mild to moderate arthralgia.

Methods: A total of 100 subjects over the age of 50 years old who were diagnosed with osteoarthritis and had at least one of the related symptoms were recruited to the study. After primary evaluation, 64 eligible males and females with mild or moderate degrees of arthralgia were randomly assigned 12-week treatment with either Arthro-7 or placebo. The primary outcome measurement was changes in the scores of the related symptoms before and after treatment, using the modified Western Ontario and McMaster Universities Arthritis Index (WOMAC) 3.1 questionnaire. Prior to and at the end of the study, evaluations of symptom scores were recorded. Additionally, self-reported overall changes were recorded at the end of 2, 4, and 8 weeks of treatment and at the end of the study (12 weeks).

Results: Arthro-7 improved most symptoms significantly compared with placebo, as indicated by significant reductions in symptom scores. In the Arthro-7 group, 74.5% of the participants reported symptom improvement over the study period versus only 16.3% in the placebo group.

Conclusion: In this study, Arthro-7 has shown potent effects in improving and relieving osteoarthritis-related symptoms, particularly joint pain, anchylosis, and difficulty going down stairs.

Keywords: joint pain, anchylosis, arthroncus, WOMAC 3.1

Introduction

Osteoarthritis is a common chronic and degenerative osteoarthropathy,[1–3] characterized by primary or secondary degeneration of the articular cartilage with hyperplasia of the bone under the cartilage.[4–6] The main clinical manifestations are chronic arthralgia, anchylosis, and arthroncus with functional disorder. The disease generally involves the knees, spine, and interphalangeal joints. Arthritis affects nearly 50 million people in the USA,[7] with prevalence rising as the population ages.[8]

Currently, analgesics and nonsteroidal anti-inflammatory drugs (NSAIDs) are the routine therapies for osteoarthritis. However, prolonged administration of these medications may cause side effects and complications.[9]

Arthro-7® (Robinson Pharma, Orange County, CA, USA) is a nutritional supplement that has been marketed in the USA for more than a decade for the potential relief

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of the symptoms of osteoarthritis, especially arthralgia, with no significant adverse effects reported so far. A previous study showed that Arthro-7 noticeably benefits osteoarthritis patients, especially in terms of pain relief.[10] However, that study was undertaken mainly in patients with severe osteoarthritis. The current study, also a randomized, double-blind, controlled study in Chinese population, examined osteoarthritis patients with only mild to moderate arthralgia. In addition, we also tested a different dose regimen, with patients using a high dose for the first 4 weeks, before switching to a maintenance dose for the remaining 8 weeks of the study.

Methods

Materials

The Arthro-7 and placebo capsules were provided by Robinson Pharma (Orange County, CA, USA). The Arthro-7 was in the form of soft gels containing vitamin C, collagen (from chicken) cetyl myristoleate (CMO), lipase, methylsulfonylmethane (MSM), curcumin, and bromelain (Table 1). The main ingredient of the placebo softgel was corn oil. In addition, there were gelatin, glycerin, purified water and titanium dioxide, and artificial food coloring.

Subjects

A total of 100 subjects (51 males and 49 females) over the age of 50 years old who were diagnosed with osteoarthritis[11] and had at least one of the related symptoms (arthralgia, anchylosis, arthroncus, a walking problem, difficulty getting up from bed, or difficulty going down stairs) were recruited from the outpatient department of the community health service center of Tangqiao in Shanghai, China, in November 2011. The study excluded patients also suffering from cancer, calculus, a gastric ulcer, or gout, as well as those who had been using anti-inflammatory drugs, bromelain, antibiotics, or antiplatelet agents. All potential participants met the symptomatic diagnostic standards of the American College of Rheumatology, based on physical and X-ray examinations.[12] All potential participants were screened by physical examination for arthralgia. Degree of arthralgia was determined as being between 0 and 4, as measured using the modified Western Ontario and McMaster Universities Arthritis Index (WOMAC) 3.1, where 0 indicates the absence of arthralgia and 4 indicates severe arthralgia.[13] The WOMAC Index is a standardized questionnaire widely used by health professionals to evaluate the condition of patients with osteoarthritis.[14,15] According to our study design, only 64 subjects (31 males and 33 females) with mild or moderate arthralgia – that is, arthralgia with a WOMAC Index score ≤ 2 – were eligible to participate in this study. All participants provided written, informed consent prior to participating.

Table 1 Major ingredients of Arthro-7®

Vitamin C
Collagen (from chicken)
Cetyl myristoleate
Lipase
Methylsulfonylmethane
Curcumin
Bromelain

Intervention

Each of the 64 eligible participants was randomly assigned to the "Arthro-7 group" or the "placebo group" at a ratio of 1:2. Patients in the Arthro-7 group received two capsules of Arthro-7 orally twice per day for the first 4 weeks, followed by two capsules once per day from week 5 to week 12. We were interested in the immediate short-term effect of Arthro-7 at a high dose level, followed by a maintenance dose, thus a dose-change regimen was used at 4 weeks after the initial high dose intervention. Meanwhile, patients in the placebo group received a similar-looking bottle of capsules (the only difference was the color of the bottle cap [the treatment bottle had a white cap and the placebo bottle had a yellow cap, but this was blinded for both study subjects and researchers]) and took these at the same frequency. The total intervention period lasted for 12 weeks. All participants were followed up every 2 weeks in the first month of intervention, and once per month for the following 2 months. Medications were dispensed with follow-ups. All follow-ups for both the Arthro-7 group and placebo group were completed. There were no losses to follow-up until the end of the intervention.

Assessment of outcomes

The objective of the study was to determine whether daily use of Arthro-7 would relieve symptoms of osteoarthritis (arthralgia, anchylosis, arthroncus, any walking problem, difficulty getting up from bed, and difficulty descending stairs) in the designed populations.

At baseline and the end of the intervention period, doctors gave scores for the symptoms mentioned for every participant, determined by physical examination, ranging from 0 to 4, with 0 indicating the absence of a given symptom and 4 indicating a severe degree of the symptom. The age, sex, history of alcohol consumption, and medical and medication history of all participants were also collected at baseline.

Along with follow-up, self-reported side effects and adherences were recorded.

Statistical analysis

Variables were compared between the two groups using Student's *t*-test for interval variables and either the Chi-square or Fisher's exact test for nominal variables. Paired *t*-test was applied to compare the symptom scores before and after the intervention. Simple linear regression was used to estimate the difference of score reduction between the two groups. Stata/MP (v 11.2; Statacorp, College Station, TX, USA) was used for all statistical analyses. The alpha level we chose was 0.05. Analyses were conducted using intent-to-treat analysis. All *P*-values presented are two-sided.

Results

Of the 64 eligible participants who underwent randomization at the ratio of 1:2, 22 were assigned to the Arthro-7 group and 42 to the placebo group, with no losses to follow-up until the end of the study. There was no significant difference in adherence between the two groups.

Baseline data

The baseline characteristics of the two groups were compatible in terms of age, sex, history of alcohol consumption, and whether the participants had "used osteoarthritis drugs recently (including herbs and OTC [over the counter] drugs)."

Baseline symptom scores were also compatible for most osteoarthritis symptoms (arthralgia, anchylosis, arthroncus, difficulty getting up from bed and difficulty descending stairs). The only exception was for walking problems, for which the mean scores were 0.50 and 0.07 for the Arthro-7 and placebo groups, respectively ($P = 0.0012$). Generally, the two arms were well balanced at baseline due to randomization (Table 2).

Results after intervention

After 12 weeks, all six symptoms of study focus were reassessed. Table 3 displays the score for each item and distribution of each symptom in the two groups. The individual score for arthralgia was statistically different between the two arms (Table 3).

Paired *t*-test comparing the symptom scores before and after the intervention showed that, except for difficulty in getting up from bed, all other symptoms were relieved by Arthro-7 treatment. The same kinds of change were not observed in the placebo group (Table 4).

To reveal detailed associations, the individual score reductions, specific to every symptom of interest for each participant, were calculated. Linear regression was conducted to estimate the differences in the symptom-specific score reduction between the two groups. Additional score reductions resulting from Arthro-7 use, compared with placebo; the statistical significance of the differences; and 95% confidence intervals for the estimates are given in Table 5.

Almost all the symptoms (the only exception was difficulty getting up from bed), as shown in Table 5, were significantly relieved as a result of Arthro-7 treatment. For example, we found that the symptom score for arthralgia would decrease 0.911 points more, on average, in the Arthro-7 group than in the placebo group. Other parameters in Table 5 can be interpreted analogously.

The self-reported overall symptom improvement during the study period suggests that Arthro-7 has potent effects. After 2 weeks of intervention, 39.2% of participants

Table 2 Baseline characteristics

Characteristic[‡]	Arthro-7 (n = 22)	Placebo (n = 42)	Total (n = 64)
Sex, n			
Male	9	22	31
Female	13	20	33
Age, y (±SD)	66.21 ± 7.04	66.08 ± 11.15	
History of alcohol consumption, n (%)	4 (18.2)	14 (33.3)	
Used osteoarthritis drugs recently, (%)	12 (54.5)	13 (31.0)	
Arthralgia, mean ± SD	1.77 ± 0.528	1.74 ± 0.445	
Anchylosis, mean ± SD	1.00 ± 0.816	0.69 ± 0.643	
Arthroncus, mean ± SD	0.18 ± 0.395	0.10 ± 0.297	
Walking problem*, mean ± SD	0.50 ± 0.673	0.07 ± 0.342	
Difficulty in getting up from bed, mean ± SD	0.14 ± 0.468	0.07 ± 0.261	
Difficulty descending stairs, mean ± SD	1.00 ± 0.873	0.69 ± 0.680	

Notes: [‡]Symptom scores ranged from 0 to 4, using the modified WOMAC® 3.1 questionnaire; *statistically significant difference, $P = 0.0012$ (Student's *t*-test).
Abbreviation: SD, standard deviation.

Table 3 Symptom scores after intervention

Symptom[1]	Arthro-7®, mean ± SD	Placebo, mean ± SD	t-statistic	P
Arthralgia*	0.91 ± 0.750	1.79 ± 0.717	4.5733	<0.0001
Anchylosis	0.50 ± 0.598	0.74 ± 0.701	1.3555	0.1802
Arthroncus	0.00 ± 0.000	0.10 ± 0.297	1.4978	0.1393
Walking problem	0.23 ± 0.528	0.07 ± 0.342	−1.4288	0.1581
Difficulty in getting up from bed	0.09 ± 0.294	0.07 ± 0.261	−0.2716	0.7868
Difficulty descending stairs	0.45 ± 0.596	0.74 ± 0.885	1.3486	0.1824

Notes: [1]Symptom scores ranged from 0 to 4, using the modified WOMAC® 3.1 questionnaire; *statistically significant difference, $P < 0.05$ (Student's t-test).
Abbreviation: SD, standard deviation.

in the Arthro-7 group reported overall symptom relief, compared with none in the placebo group. At the end of the first month of intervention, 45.1% of participants in the Arthro-7 group reported symptom improvement. Four weeks later, 60.8% of participants in the Arthro-7 group reported symptom improvement. At the end of the study, about three-quarters of participants in the Arthro-7 group reported overall symptom relief, compared with only 16.3% in the placebo group (Table 6).

Discussion

Osteoarthritis is a common chronic disease affecting major segments of the population who are over middle age.[16] Routine therapies, such as NSAIDs, for osteoarthritis are useful, but can also lead to adverse effects and complications over long-term administration.[17] This study was designed as a double-blind, randomized, controlled trial to determine whether daily administration of the alternative dietary supplement, Arthro-7, could relieve symptoms in osteoarthritis patients with mild to moderate arthralgia.

As previously outlined, Arthro-7 is composed of a mixture of ingredients including vitamin C, collagen (from chicken), CMO, lipase, MSM, curcumin, and bromelain (Table 1). Collagen – the main component of articular cartilage and the principal substance responsible for maintaining the physical, chemical, and mechanical properties of articular cartilage – accounts for about 85% to 90% of the Arthro-7. The collagen (from chicken) (CC) in Arthro-7 is extracted from chicken breast bone, which has previously been shown to suppress collagen-induced arthritis.[18] In that study, Garcia et al showed that CC could suppress the body's autoimmune response and postpone the degradation of cartilage by inducing immuno-tolerance.[18] In another study, patients diagnosed with rheumatoid arthritis treated with CC showed pronounced improvement of their disease symptoms.[19] These results may be attributed to the similarity between osteoarthritis and rheumatoid arthritis in terms of pathogenesis and pathological changes, such as the induction of autoimmune responses, arthromeningitis, and over destruction of the articular cartilage. Using rat models of osteoarthritis, some studies have found that CC may correct the imbalance between cartilage matrix-degrading enzymes and the enzymes inhibitors, thus delaying the degradation of cartilage.[20] Other individual components in Arthro-7 such as MSM, lipase, bromelain, curcumin, and vitamin C have been individually shown to help relieve symptoms of osteoarthritis.[21,22]

Table 4 Comparison of symptom scores before and after the intervention

Symptom[1]	Arthro-7®		Placebo	
	t-statistic[2]	P	t-statistic[2]	P
Arthralgia	5.7041	<0.0001	−0.5727	0.5700
Anchylosis	3.4868	0.0022	−1.0000	0.3232
Arthroncus	2.1602	0.0425	–	–
Walking problem	2.8062	0.0106	–	–
Difficulty in getting up from bed	1.0000	0.3287	–	–
Difficulty descending stairs	2.9823	0.0071	−0.6279	0.5336

Notes: [1]Symptom scores ranged from 0 to 4, using the modified WOMAC® 3.1 questionnaire; [2]paired t-test was applied to compare the symptom scores before and after the intervention. Some of the of the t-statistics could not be performed because the standard error of the difference was 0.

Table 5 Comparison of individual changes between the two groups

Symptom[1]	Score reduction difference[2]	P	95% CI
Arthralgia	0.911	<0.001	0.594 to 1.228
Anchylosis	0.548	<0.001	0.303 to 0.792
Arthroncus	0.182	0.004	0.061 to 0.303
Walking problem	0.273	<0.001	0.133 to 0.412
Difficulty in getting up from bed	0.045	0.169	−0.020 to 0.111
Difficulty descending stairs	0.593	0.001	0.257 to 0.930

Notes: [1]Symptom scores ranged from 0 to 4, using the modified WOMAC® 3.1 questionnaire; [2]linear regression was applied in comparing the differences of score reduction between the two intervention groups.
Abbreviation: CI, confidence interval.

Table 6 Self-reported symptom improvement over the study period (%)

	2 weeks	4 weeks	8 weeks	12 weeks
Arthro-7®	39.2	45.1	60.8	74.5
Placebo	0.0	4.1	6.1	16.3

This study showed that Arthro-7 could remarkably alleviate joint pain in osteoarthritis patients. As mentioned in the results section, after a 12-week intervention, five of the six symptoms this study focused on were significantly relieved by Arthro-7 and the mean arthralgia scores were found to decrease by 0.911 points more in the Arthro-7 group than in the placebo group. Moreover, 74.5% of participants in the Arthro-7 group had experienced overall symptom relief by the end of the study period (12 weeks), compared with <20% in the placebo group. Together, these findings strongly indicate that Arthro-7 is very effective at relieving osteoarthritis-related symptoms.

Further, in this study, Arthro-7 was very effective at relieving anchylosis and improving the ability of osteoarthritis patients to descend stairs. The use of Arthro-7 was found to cause a reduction of 0.548 and 0.593 points more than taking the placebo for the symptoms of anchylosis and difficulty descending stairs, respectively.

Arthro-7 also showed statistically significant effects at relieving arthroncus and improving walking difficulties, although the magnitudes were considerably limited (a reduction of 0.182 and 0.273 points, respectively).

For difficulty getting up from bed, the difference between the two groups was very limited. There was insufficient evidence to distinguish the effects of Arthro-7 from placebo for this symptom.

In this study, the effect estimates of Arthro-7 were investigated in terms of individual level of magnitude and overall improvement rate, as we believe both aspects are equally important in decision-making. Combining these two aspects, especially when they are consistent, could enhance our confidence of determination of the effect of Arthro-7 in relieving symptoms of OS.

As in many randomized, controlled studies, we followed intent-to-treat policy, ignoring nonadherence. Subjects were compared based on initial randomization intervention groups. This method allowed us to avoid potential biases in comparison based on per-protocol analysis, since there was no evidence to suppose nonadherence was randomly distributed, though this method might lead to underestimation of the effect size.

Limitations

There were several limitations in this study. First, objective indicators such as blood samples, which can monitor the changes in cytokines associated with inflammatory responses, were not collected during the study period. The addition of these measurements to future studies may aid in determination of the mechanisms responsible for the anti-inflammatory effect of Arthro-7.

Second, since the study tested Arthro-7 as a single agent, it is not possible to attribute the effect to a specific ingredient of the compound, as the study only tested Arthro-7 as an existing single nutritional supplement, not the individual ingredients within it.

Third, although bromelain, antibiotics, or antiplatelet/anti-inflammatory agent (eg, NSAID) takers were excluded, there were still some potential confounding factors, such as weight, lifestyle, diet, and other drugs or supplements, that were not controlled for in our study. However, as the two groups were well balanced at baseline, we decided that the effects of differences in dietary intake or other potential confounding factors would be minimal.

Moreover, the results are only applicable to the sample range in this study, and should not be generalized to populations outside the sample range, as there may be a generalizing problem. Further study is therefore needed to confirm whether Arthro-7 is similarly efficacious in other populations.

Another limitation of the study was the use of a questionnaire to collect baseline information, as this relied on participants' recall. Thus, the results from this part may be prone to recall bias.

Finally, all our participants were volunteers; any eligible persons who did not wish to participate were excluded. If those who were excluded were not exactly compatible with those enrolled for the study, the results would suffer a selection bias.

Conclusion

In summary, our study showed that Arthro-7 has potent effects at relieving joint pain, anchylosis, and improving difficulty descending stairs in osteoarthritis patients. The effects on arthroncus and walking difficulties were limited, but statistically significant. These factors and results may assist physicians in determining Arthro-7's clinical applications and significance.

Disclosure

Mina Shariff, Kenneth Kami, and Pingping Gu are current or previous employees of DRM Resources, which sponsored this

project. The supplier of the Arthro-7 and placebo capsules, Robinson Pharma, had no role in the design or conduction of the study; the collection, management, analysis and interpretation of the data; or the preparation, review, and approval of this paper for publication. The other authors have no conflicts of interest in this work.

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EXHIBIT 3

Arthro7 : Enhancing your quality of life through mobil

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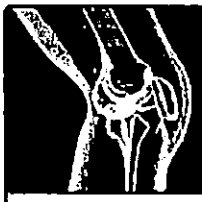
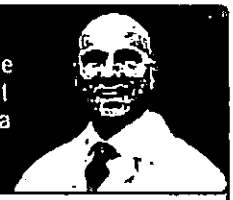


Of course, everyone's situation is different. Some people begin to notice the benefits as early as two weeks. Most experience significant results in about four to six weeks. But the best outcome will occur when you make Arthro7 a regular part of your daily life."
-Dr. John E. Hahn



Arthro7 contains a proprietary blend of 7 unique ingredients, such as MSM, Collagen II, and CMO, that work synergistically to provide nourishment for joints.

Key Ingredients:

Collagen II: Collagen is the main component of cartilage, ligaments, and tendons. It helps support and nourish the joints. Collagen is one of the most abundant substances in your body. There are at least 14 different types of collagen in the body. The kind that was shown to be most helpful to the joints is type II collagen.

Type II Collagen acts like molecular Velcro; it is the glue that holds the articular cartilage in your joints together.

Type II Collagen is a pretty amazing material. It has certain innate properties that can heal wounds. It's been shown in many studies to fortify unhea thy joints, improve mobility, and support overall joint health.

Vitamin C: This essential vitamin is necessary for collagen formation and is an important antioxidant that supports overall health. Vitamin C (or L-ascorbic acid or L-ascorbate) is an essential nutrient for humans and certain other animal species, that functions as a vitamin. In living organisms, ascorbate is an antioxidant, since it protects the body against oxidative stress.

MSM (methylsulfonylmethane): A natural form of organic sulfur found throughout the body. It supports flexibility and strength in connective tissues and cell membranes. MSM is a biologically active form of sulfur, which is the key to healthy collagen, cartilage, and joints.

When you don't get enough sulfur, your body may not produce enough collagen. Then joint cartilage can't be repaired and the walls of your cells become hard and stiff, like old leather.

Once you restore your body's supply of sulfur, your cell walls can become more flexible and permeable. They can then flush out toxins more easily and grow healthier.

CMO (cetyl myristoleate): CMO is a fatty acid that works naturally to support joint comfort. CMO is an extraordinary lubricator that is sometimes referred to as WD-40 for the muscles, tendons, and joints.

CMO may very well support the health of your cartilage, making it more pliable and flexible. The health-restoring properties of this substance are amazing.

Bromelain: This protease (an enzyme that breaks down protein) comes from the pineapple plant. Bromelain refers to a mixture of sulfur-containing proteolytic enzymes, or proteases, obtained from the stem of the pineapple plant (*Ananas comosus*). Bromelain is widely used in Europe and Japan. Enlightened doctors here in the U.S. are now recognizing its role in increasing mobility and promoting joint health.

Bromelain has a special targeting ability: According to a study conducted in Hawaii, it actually seeks out and neutralizes "bad" prostaglandins, which can jeopardize joint health.

It is used to speed up healing time and pain reduction post operatively, and in athletic injuries.

Lipase: Another digestive enzyme that works well with the other ingredients. Lipase is a digestive enzyme that helps the body absorb compounds like CMO.

CM-010

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, [illegible] number, and address):
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FILED
Superior Court of California
County of Los Angeles
MAR 02 2016
Sherri R. Carter, Executive Officer/Clerk
By _____, Deputy
Judi Lara

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles
STREET ADDRESS: 111 N. Hill Street
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CITY AND ZIP CODE: Los Angeles, CA 90012
BRANCH NAME: Stanley Mosk Courthouse

CASE NAME:
Hatamian v. Robinson

CIVIL CASE COVER SHEET
- [x] Unlimited (Amount demanded exceeds $25,000)
- [ ] Limited (Amount demanded is $25,000 or less)

Complex Case Designation
- [ ] Counter
- [ ] Joinder

Filed with first appearance by defendant (Cal. Rules of Court, rule 3.402)

CASE NUMBER: BC612428
JUDGE:
DEPT:

Items 1–6 below must be completed (see instructions on page 2).

1. Check one box below for the case type that best describes this case:

Auto Tort
- [ ] Auto (22)
- [ ] Uninsured motorist (46)

Other PI/PD/WD (Personal Injury/Property Damage/Wrongful Death) Tort
- [ ] Asbestos (04)
- [ ] Product liability (24)
- [ ] Medical malpractice (45)
- [ ] Other PI/PD/WD (23)

Non-PI/PD/WD (Other) Tort
- [x] Business tort/unfair business practice (07)
- [ ] Civil rights (08)
- [ ] Defamation (13)
- [ ] Fraud (16)
- [ ] Intellectual property (19)
- [ ] Professional negligence (25)
- [ ] Other non-PI/PD/WD tort (35)

Employment
- [ ] Wrongful termination (36)
- [ ] Other employment (15)

Contract
- [ ] Breach of contract/warranty (06)
- [ ] Rule 3.740 collections (09)
- [ ] Other collections (09)
- [ ] Insurance coverage (18)
- [ ] Other contract (37)

Real Property
- [ ] Eminent domain/Inverse condemnation (14)
- [ ] Wrongful eviction (33)
- [ ] Other real property (26)

Unlawful Detainer
- [ ] Commercial (31)
- [ ] Residential (32)
- [ ] Drugs (38)

Judicial Review
- [ ] Asset forfeiture (05)
- [ ] Petition re: arbitration award (11)
- [ ] Writ of mandate (02)
- [ ] Other judicial review (39)

Provisionally Complex Civil Litigation (Cal. Rules of Court, rules 3.400–3.403)
- [ ] Antitrust/Trade regulation (03)
- [ ] Construction defect (10)
- [ ] Mass tort (40)
- [ ] Securities litigation (28)
- [ ] Environmental/Toxic tort (30)
- [ ] Insurance coverage claims arising from the above listed provisionally complex case types (41)

Enforcement of Judgment
- [ ] Enforcement of judgment (20)

Miscellaneous Civil Complaint
- [ ] RICO (27)
- [ ] Other complaint *(not specified above)* (42)

Miscellaneous Civil Petition
- [ ] Partnership and corporate governance (21)
- [ ] Other petition *(not specified above)* (43)

2. This case [x] is [ ] is not complex under rule 3.400 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:
   a. [x] Large number of separately represented parties
   b. [ ] Extensive motion practice raising difficult or novel issues that will be time-consuming to resolve
   c. [ ] Substantial amount of documentary evidence
   d. [ ] Large number of witnesses
   e. [ ] Coordination with related actions pending in one or more courts in other counties, states, or countries, or in a federal court
   f. [ ] Substantial postjudgment judicial supervision

3. Remedies sought *(check all that apply)*: a. [x] monetary b. [x] nonmonetary; declaratory or injunctive relief c. [ ] punitive
4. Number of causes of action *(specify)*:
5. This case [x] is [ ] is not a class action suit.
6. If there are any known related cases, file and serve a notice of related case. *(You may use form CM-015.)*

By Fax

Date: 03/01/16
Martin E. Jerisat
(TYPE OR PRINT NAME)

m jerisat
(SIGNATURE OF PARTY OR ATTORNEY FOR PARTY)

NOTICE
- Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 3.220.) Failure to file may result in sanctions.
- File this cover sheet in addition to any cover sheet required by local court rule.
- If this case is complex under rule 3.400 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.
- Unless this is a collections case under rule 3.740 or a complex case, this cover sheet will be used for statistical purposes only.

Form Adopted for Mandatory Use
Judicial Council of California
CM-010 [Rev. July 1, 2007]

CIVIL CASE COVER SHEET

Cal. Rules of Court, rules 2.30, 3.220, 3.400–3.403, 3.740;
Cal. Standards of Judicial Administration, std. 3.10
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CM-010

INSTRUCTIONS ON HOW TO COMPLETE THE COVER SHEET

To Plaintiffs and Others Filing First Papers. If you are filing a first paper (for example, a complaint) in a civil case, you must complete and file, along with your first paper, the *Civil Case Cover Sheet* contained on page 1. This information will be used to compile statistics about the types and numbers of cases filed. You must complete items 1 through 6 on the sheet. In item 1, you must check one box for the case type that best describes the case. If the case fits both a general and a more specific type of case listed in item 1, check the more specific one. If the case has multiple causes of action, check the box that best indicates the primary cause of action. To assist you in completing the sheet, examples of the cases that belong under each case type in item 1 are provided below. A cover sheet must be filed only with your initial paper. Failure to file a cover sheet with the first paper filed in a civil case may subject a party, its counsel, or both to sanctions under rules 2.30 and 3.220 of the California Rules of Court.

To Parties in Rule 3.740 Collections Cases. A "collections case" under rule 3.740 is defined as an action for recovery of money owed in a sum stated to be certain that is not more than $25,000, exclusive of interest and attorney's fees, arising from a transaction in which property, services, or money was acquired on credit. A collections case does not include an action seeking the following: (1) tort damages, (2) punitive damages, (3) recovery of real property, (4) recovery of personal property, or (5) a prejudgment writ of attachment. The identification of a case as a rule 3.740 collections case on this form means that it will be exempt from the general time-for-service requirements and case management rules, unless a defendant files a responsive pleading. A rule 3.740 collections case will be subject to the requirements for service and obtaining a judgment in rule 3.740.

To Parties in Complex Cases. In complex cases only, parties must also use the *Civil Case Cover Sheet* to designate whether the case is complex. If a plaintiff believes the case is complex under rule 3.400 of the California Rules of Court, this must be indicated by completing the appropriate boxes in items 1 and 2. If a plaintiff designates a case as complex, the cover sheet must be served with the complaint on all parties to the action. A defendant may file and serve no later than the time of its first appearance a joinder in the plaintiff's designation, a counter-designation that the case is not complex, or, if the plaintiff has made no designation, a designation that the case is complex.

CASE TYPES AND EXAMPLES

Auto Tort
- Auto (22)–Personal Injury/Property Damage/Wrongful Death
- Uninsured Motorist (46) (*if the case involves an uninsured motorist claim subject to arbitration, check this item instead of Auto*)

Other PI/PD/WD (Personal Injury/ Property Damage/Wrongful Death) Tort
- Asbestos (04)
  - Asbestos Property Damage
  - Asbestos Personal Injury/ Wrongful Death
- Product Liability (*not asbestos or toxic/environmental*) (24)
- Medical Malpractice (45)
  - Medical Malpractice–Physicians & Surgeons
  - Other Professional Health Care Malpractice
- Other PI/PD/WD (23)
  - Premises Liability (e.g., slip and fall)
  - Intentional Bodily Injury/PD/WD (e.g., assault, vandalism)
  - Intentional Infliction of Emotional Distress
  - Negligent Infliction of Emotional Distress
  - Other PI/PD/WD

Non-PI/PD/WD (Other) Tort
- Business Tort/Unfair Business Practice (07)
- Civil Rights (e.g., discrimination, false arrest) (*not civil harassment*) (08)
- Defamation (e.g., slander, libel) (13)
- Fraud (16)
- Intellectual Property (19)
- Professional Negligence (25)
  - Legal Malpractice
  - Other Professional Malpractice (*not medical or legal*)
- Other Non-PI/PD/WD Tort (35)

Employment
- Wrongful Termination (36)
- Other Employment (15)

Contract
- Breach of Contract/Warranty (06)
  - Breach of Rental/Lease Contract (*not unlawful detainer or wrongful eviction*)
  - Contract/Warranty Breach–Seller Plaintiff (*not fraud or negligence*)
  - Negligent Breach of Contract/ Warranty
  - Other Breach of Contract/Warranty
- Collections (e.g., money owed, open book accounts) (09)
  - Collection Case–Seller Plaintiff
  - Other Promissory Note/Collections Case
- Insurance Coverage (*not provisionally complex*) (18)
  - Auto Subrogation
  - Other Coverage
- Other Contract (37)
  - Contractual Fraud
  - Other Contract Dispute

Real Property
- Eminent Domain/Inverse Condemnation (14)
- Wrongful Eviction (33)
- Other Real Property (e.g., quiet title) (26)
  - Writ of Possession of Real Property
  - Mortgage Foreclosure
  - Quiet Title
  - Other Real Property (*not eminent domain, landlord/tenant, or foreclosure*)

Unlawful Detainer
- Commercial (31)
- Residential (32)
- Drugs (38) (*if the case involves illegal drugs, check this item; otherwise, report as Commercial or Residential*)

Judicial Review
- Asset Forfeiture (05)
- Petition Re: Arbitration Award (11)
- Writ of Mandate (02)
  - Writ–Administrative Mandamus
  - Writ–Mandamus on Limited Court Case Matter
  - Writ–Other Limited Court Case Review
- Other Judicial Review (39)
  - Review of Health Officer Order
  - Notice of Appeal–Labor Commissioner Appeals

Provisionally Complex Civil Litigation (Cal. Rules of Court Rules 3.400–3.403)
- Antitrust/Trade Regulation (03)
- Construction Defect (10)
- Claims Involving Mass Tort (40)
- Securities Litigation (28)
- Environmental/Toxic Tort (30)
- Insurance Coverage Claims (*arising from provisionally complex case type listed above*) (41)

Enforcement of Judgment
- Enforcement of Judgment (20)
  - Abstract of Judgment (Out of County)
  - Confession of Judgment (*non-domestic relations*)
  - Sister State Judgment
  - Administrative Agency Award (*not unpaid taxes*)
  - Petition/Certification of Entry of Judgment on Unpaid Taxes
  - Other Enforcement of Judgment Case

Miscellaneous Civil Complaint
- RICO (27)
- Other Complaint (*not specified above*) (42)
  - Declaratory Relief Only
  - Injunctive Relief Only (*non-harassment*)
  - Mechanics Lien
  - Other Commercial Complaint Case (*non-tort/non-complex*)
  - Other Civil Complaint (*non-tort/non-complex*)

Miscellaneous Civil Petition
- Partnership and Corporate Governance (21)
- Other Petition (*not specified above*) (43)
  - Civil Harassment
  - Workplace Violence
  - Elder/Dependent Adult Abuse
  - Election Contest
  - Petition for Name Change
  - Petition for Relief From Late Claim
  - Other Civil Petition

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CIVIL CASE COVER SHEET ADDENDUM AND STATEMENT OF LOCATION (CERTIFICATE OF GROUNDS FOR ASSIGNMENT TO COURTHOUSE LOCATION)

This form is required pursuant to Local Rule 2.3 in all new civil case filings in the Los Angeles Superior Court.

Item I. Check the types of hearing and fill in the estimated length of hearing expected for this case:

JURY TRIAL? YES CLASS ACTION? ✓YES LIMITED CASE? YES TIME ESTIMATED FOR TRIAL 7 HOURS/✓DAYS

Item II. Indicate the correct district and courthouse location (4 steps – If you checked "Limited Case", skip to Item III, Pg. 4):

Step 1: After first completing the Civil Case Cover Sheet form, find the main Civil Case Cover Sheet heading for your case in the left margin below, and, to the right in Column **A**, the Civil Case Cover Sheet case type you selected.

Step 2: Check one Superior Court type of action in Column **B** below which best describes the nature of this case.

Step 3: In Column **C**, circle the reason for the court location choice that applies to the type of action you have checked. For any exception to the court location, see Local Rule 2.3.

Applicable Reasons for Choosing Courthouse Location (see Column C below)

1. Class actions must be filed in the Stanley Mosk Courthouse, central district.
2. May be filed in central (other county, or no bodily injury/property damage).
3. Location where cause of action arose.
4. Location where bodily injury, death or damage occurred.
5. Location where performance required or defendant resides.
6. Location of property or permanently garaged vehicle.
7. Location where petitioner resides.
8. Location wherein defendant/respondent functions wholly.
9. Location where one or more of the parties reside.
10. Location of Labor Commissioner Office
11. Mandatory Filing Location (Hub Case)

Step 4: Fill in the information requested on page 4 in Item III; complete Item IV. Sign the declaration. **By Fax**

	A Civil Case Cover Sheet Category No.	B Type of Action (Check only one)	C Applicable Reasons - See Step 3 Above
Auto Tort	Auto (22)	☐ A7100 Motor Vehicle - Personal Injury/Property Damage/Wrongful Death	1., 2., 4.
	Uninsured Motorist (46)	☐ A7110 Personal Injury/Property Damage/Wrongful Death – Uninsured Motorist	1., 2., 4.
Other Personal Injury/ Property Damage/ Wrongful Death Tort	Asbestos (04)	☐ A6070 Asbestos Property Damage ☐ A7221 Asbestos - Personal Injury/Wrongful Death	2. 2.
	Product Liability (24)	☐ A7260 Product Liability (not asbestos or toxic/environmental)	1., 2., 3., 4., 8.
	Medical Malpractice (45)	☐ A7210 Medical Malpractice - Physicians & Surgeons ☐ A7240 Other Professional Health Care Malpractice	1., 4. 1., 4.
	Other Personal Injury Property Damage Wrongful Death (23)	☐ A7250 Premises Liability (e.g., slip and fall) ☐ A7230 Intentional Bodily Injury/Property Damage/Wrongful Death (e.g., assault, vandalism, etc.) ☐ A7270 Intentional Infliction of Emotional Distress ☐ A7220 Other Personal Injury/Property Damage/Wrongful Death	1., 4. 1., 4. 1., 3. 1., 4.

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	A Civil Case Cover Sheet Category No.	B Type of Action (Check only one)	C Applicable Reasons - See Step 3 Above
Non-Personal Injury/ Property Damage/ Wrongful Death Tort	Business Tort (07)	☑ A6029 Other Commercial/Business Tort (not fraud/breach of contract)	1., 3.
	Civil Rights (08)	☐ A6005 Civil Rights/Discrimination	1., 2., 3.
	Defamation (13)	☐ A6010 Defamation (slander/libel)	1., 2., 3.
	Fraud (16)	☑ A6013 Fraud (no contract)	1., 2., 3.
	Professional Negligence (25)	☐ A6017 Legal Malpractice ☐ A6050 Other Professional Malpractice (not medical or legal)	1., 2., 3. 1., 2., 3.
	Other (35)	☑ A6025 Other Non-Personal Injury/Property Damage tort	2.,3.
Employment	Wrongful Termination (36)	☐ A6037 Wrongful Termination	1., 2., 3.
	Other Employment (15)	☐ A6024 Other Employment Complaint Case ☐ A6109 Labor Commissioner Appeals	1., 2., 3. 10.
Contract	Breach of Contract/ Warranty (06) (not insurance)	☐ A6004 Breach of Rental/Lease Contract (not unlawful detainer or wrongful eviction) ☐ A6008 Contract/Warranty Breach -Seller Plaintiff (no fraud/negligence) ☐ A6019 Negligent Breach of Contract/Warranty (no fraud) ☐ A6028 Other Breach of Contract/Warranty (not fraud or negligence)	2., 5. 2., 5. 1., 2., 5. 1., 2., 5.
	Collections (09)	☐ A6002 Collections Case-Seller Plaintiff ☐ A6012 Other Promissory Note/Collections Case ☐ A6034 Collections Case-Purchased Debt (Charged Off Consumer Debt Purchased on or after January 1, 2014)	2., 5., 6, 11 2., 5, 11 5, 6, 11
	Insurance Coverage (18)	☐ A6015 Insurance Coverage (not complex)	1., 2., 5., 8.
	Other Contract (37)	☐ A6009 Contractual Fraud ☐ A6031 Tortious Interference ☐ A6027 Other Contract Dispute(not breach/insurance/fraud/negligence)	1., 2., 3., 5. 1., 2., 3., 5. 1., 2., 3., 8.
Real Property	Eminent Domain/Inverse Condemnation (14)	☐ A7300 Eminent Domain/Condemnation Number of parcels_____	2.
	Wrongful Eviction (33)	☐ A6023 Wrongful Eviction Case	2., 6.
	Other Real Property (26)	☐ A6018 Mortgage Foreclosure ☐ A6032 Quiet Title ☐ A6060 Other Real Property (not eminent domain, landlord/tenant, foreclosure)	2., 6. 2., 6. 2., 6.
Unlawful Detainer	Unlawful Detainer-Commercial (31)	☐ A6021 Unlawful Detainer-Commercial (not drugs or wrongful eviction)	2., 6.
	Unlawful Detainer-Residential (32)	☐ A6020 Unlawful Detainer-Residential (not drugs or wrongful eviction)	2., 6.
	Unlawful Detainer-Post-Foreclosure (34)	☐ A6020F Unlawful Detainer-Post-Foreclosure	2., 6.
	Unlawful Detainer-Drugs (38)	☐ A6022 Unlawful Detainer-Drugs	2., 6.

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	A Civil Case Cover Sheet Category No.	B Type of Action (Check only one)	C Applicable Reasons - See Step 3 Above
Judicial Review	Asset Forfeiture (05)	☐ A6108 Asset Forfeiture Case	2., 6.
	Petition re Arbitration (11)	☐ A6115 Petition to Compel/Confirm/Vacate Arbitration	2., 5.
	Writ of Mandate (02)	☐ A6151 Writ - Administrative Mandamus	2., 8.
		☐ A6152 Writ - Mandamus on Limited Court Case Matter	2.
		☐ A6153 Writ - Other Limited Court Case Review	2.
	Other Judicial Review (39)	☐ A6150 Other Writ /Judicial Review	2., 8.
Provisionally Complex Litigation	Antitrust/Trade Regulation (03)	☐ A6003 Antitrust/Trade Regulation	1., 2., 8.
	Construction Defect (10)	☐ A6007 Construction Defect	1., 2., 3.
	Claims Involving Mass Tort (40)	☐ A6006 Claims Involving Mass Tort	1., 2., 8.
	Securities Litigation (28)	☐ A6035 Securities Litigation Case	1., 2., 8.
	Toxic Tort Environmental (30)	☐ A6036 Toxic Tort/Environmental	1., 2., 3., 8.
	Insurance Coverage Claims from Complex Case (41)	☐ A6014 Insurance Coverage/Subrogation (complex case only)	1., 2., 5., 8.
Enforcement of Judgment	Enforcement of Judgment (20)	☐ A6141 Sister State Judgment	2., 9.
		☐ A6160 Abstract of Judgment	2., 6.
		☐ A6107 Confession of Judgment (non-domestic relations)	2., 9.
		☐ A6140 Administrative Agency Award (not unpaid taxes)	2., 8.
		☐ A6114 Petition/Certificate for Entry of Judgment on Unpaid Tax	2., 8.
		☐ A6112 Other Enforcement of Judgment Case	2., 8., 9.
Miscellaneous Civil Complaints	RICO (27)	☐ A6033 Racketeering (RICO) Case	1., 2., 8.
	Other Complaints (Not Specified Above) (42)	☐ A6030 Declaratory Relief Only	1., 2., 8.
		☐ A6040 Injunctive Relief Only (not domestic/harassment)	2., 8.
		☐ A6011 Other Commercial Complaint Case (non-tort/non-complex)	1., 2., 8.
		☐ A6000 Other Civil Complaint (non-tort/non-complex)	1., 2., 8.
Miscellaneous Civil Petitions	Partnership Corporation Governance (21)	☐ A6113 Partnership and Corporate Governance Case	2., 8.
	Other Petitions (Not Specified Above) (43)	☐ A6121 Civil Harassment	2., 3., 9.
		☐ A6123 Workplace Harassment	2., 3., 9.
		☐ A6124 Elder/Dependent Adult Abuse Case	2., 3., 9.
		☐ A6190 Election Contest	2.
		☐ A6110 Petition for Change of Name	2., 7.
		☐ A6170 Petition for Relief from Late Claim Law	2., 3., 4., 8.
		☐ A6100 Other Civil Petition	2., 9.

SHORT TITLE: Hatamian v. Robinson	CASE NUMBER

Item III. Statement of Location: Enter the address of the accident, party's residence or place of business, performance, or other circumstance indicated in Item II., Step 3 on Page 1, as the proper reason for filing in the court location you selected.

REASON: Check the appropriate boxes for the numbers shown under Column C for the type of action that you have selected for this case. ☑ 1. ☑ 2. ☑ 3. ☐ 4. ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐ 9. ☐ 10. ☐ 11.	ADDRESS: Stanley Mosk Courthouse		
CITY: Los Angeles	STATE: CA	ZIP CODE: 90012	

Item IV. *Declaration of Assignment*: I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that the above-entitled matter is properly filed for assignment to the Stanley Mosk courthouse in the Central District of the Superior Court of California, County of Los Angeles [Code Civ. Proc., § 392 et seq., and Local Rule 2.3, subd.(a).

Dated: 03/01/16

(SIGNATURE OF ATTORNEY/FILING PARTY)

PLEASE HAVE THE FOLLOWING ITEMS COMPLETED AND READY TO BE FILED IN ORDER TO PROPERLY COMMENCE YOUR NEW COURT CASE:

1. Original Complaint or Petition.
2. If filing a Complaint, a completed Summons form for issuance by the Clerk.
3. Civil Case Cover Sheet, Judicial Council form CM-010.
4. Civil Case Cover Sheet Addendum and Statement of Location form, LACIV 109, LASC Approved 03-04 (Rev. 03/15).
5. Payment in full of the filing fee, unless fees have been waived.
6. A signed order appointing the Guardian ad Litem, Judicial Council form CIV-010, if the plaintiff or petitioner is a minor under 18 years of age will be required by Court in order to issue a summons.
7. Additional copies of documents to be conformed by the Clerk. Copies of the cover sheet and this addendum must be served along with the summons and complaint, or other initiating pleading in the case.