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| <b>BOARD OF ASSESSMENT APPEALS,<br/>STATE OF COLORADO</b><br>1313 Sherman Street, Room 315<br>Denver, Colorado 80203         | <b>Docket Number: 44771</b> |
| Petitioner:<br><b>HEALTHSOUTH CORPORATION,</b><br><br>v.<br>Respondent:<br><b>EL PASO COUNTY BOARD OF<br/>COMMISSIONERS.</b> |                             |
| <b>ORDER ON WITHDRAWAL</b>   |                             |

The Board received Petitioner's request to withdraw the above-captioned appeal on August 1, 2011. The Board has approved Petitioner's request.

**FINDINGS OF FACT AND CONCLUSIONS:**

1. Subject property is described as follows:  

**County Schedule No.: 688,777.0000**

**Category: Abatement      Property Type: Commercial Personal**
2. Petitioner is protesting the 2003 actual value of the subject property.

**ORDER:**

Petitioner's request for withdrawal is granted; therefore, the Board will take no further action on this matter.

**DATED AND MAILED** this 3rd day of August 2011.

**BOARD OF ASSESSMENT APPEALS**

*Diane M DeVries*

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Diane M. DeVries

I hereby certify that this is a true and correct copy of the decision of the Board of Assessment Appeals.

*Debra A. Baumbach*

\_\_\_\_\_  
Debra A. Baumbach

*Cara McKeller*

\_\_\_\_\_  
Cara McKeller

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**If at any time you decide you DO NOT wish to pursue your appeal and choose to withdraw, please sign this letter and return it to the Board of Assessment Appeals.**

**Please do not fill out and file this form if you are entering into a stipulation with the county.**

**Healthsouth Corporation  
THOMAS LANGLEY  
ONE HEALTHSOUTH PKWY  
Birmingham, AL 35243**

Date: July 22, 2011

Docket No.: 44771

Hearing Date: September 23, 2011


To: Board of Assessment Appeals  
1313 Sherman Street, Room 315  
Denver, CO 80203

Via Facsimile: 303.866.4485

I no longer wish to pursue this matter and request that my property tax appeal be withdrawn. I understand that, by withdrawing this appeal, I relinquish all rights to obtaining a reduction in value for the subject property for tax year(s) 2003. I understand that this withdrawal letter should not be mailed or faxed if I have reached an agreement (stipulation) with the El Paso County Board Of Commissioners resulting in a reduction in value.

#### **CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of this document was mailed, faxed, or hand delivered to the El Paso County Board Of Commissioners.

  
Signature: Healthsouth Corporation