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| BOARD OF ASSESSMENT APPEALS, STATE OF COLORADO 1313 Sherman Street, Room 315 Denver, Colorado 80203 | Docket Number: 44774 |
| Petitioner: HEALTHSOUTH CORPORATION, v. Respondent: EL PASO COUNTY BOARD OF COMMISSIONERS. | |
| ORDER ON WITHDRAWAL | |

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.: 15,688.0000A

Category: Abatement Property Type: Commercial Personal
2. Petitioner is protesting the 2002 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

Diane M. DeVries

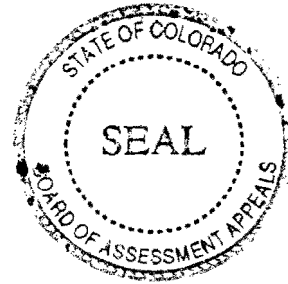
I hereby certify that this is a true and correct copy of the decision of the Board of Assessment Appeals.

Debra A. Baumbach

Debra A. Baumbach

CM

Cara McKeller



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. 2011 JUL 28 PM 1:17

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 23 2011

Docket No.: 44774

Hearing Date: September 23, 2011

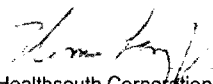
To: Board of Assessment Appeals
1313 Sherman Street, Room 315
Denver, CO 80203

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I no longer wish to pursue this matter and request that my property tax appeal be withdrawn.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) 2002. 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