

<b>BOARD OF ASSESSMENT APPEALS, STATE OF COLORADO</b> 1313 Sherman Street, Room 315 Denver, Colorado 80203	<b>Docket Number: 52901</b>
Petitioner: <b>SUN LIFE ASSURANCE CO OF CANADA,</b>  v.  Respondent: <b>ADAMS COUNTY BOARD OF EQUALIZATION.</b>	
<b>ORDER ON WITHDRAWAL</b>	

The Board received Petitioner's request to withdraw the above-captioned appeal on June 30, 2010. The Board has approved Petitioner's request.

**FINDINGS OF FACT AND CONCLUSIONS:**

1. Subject property is described as follows:  

**County Schedule No.: R0084248**

**Category: Valuation      Property Type: Commercial Real**
2. Petitioner is protesting the 2009 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 1st day of July 2010.

BOARD OF ASSESSMENT APPEALS

*Karen E Hart*

\_\_\_\_\_  
Karen E. Hart

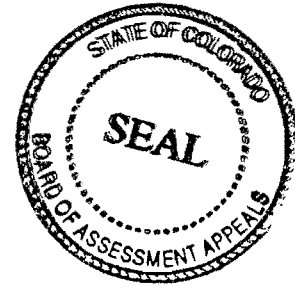
I hereby certify that this is a true and correct copy of the decision of the Board of Assessment Appeals.

*Cara McKeller*

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

*Debra A. Baumbach*

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



*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.*

Ronald S. Loser Esq.  
ROBINSON WATERS & O'DORISIO  
1099 18TH STREET, SUITE 2600  
Denver, CO 80202-1926

Date: \_\_\_\_\_

Docket No.: 52901  
Hearing Date:

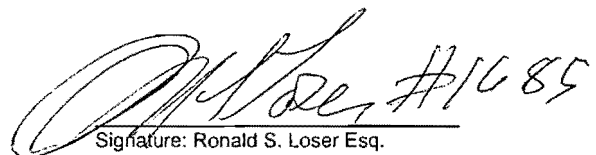
To: Board of Assessment Appeals  
1313 Sherman Street, Room 315  
Denver, CO 80203

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I no longer wish to pursue this matter and request that my property tax appeal be withdrawn.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) 2009. I understand that this withdrawal letter should not be mailed or faxed if I have reached an agreement (stipulation) with the County Board Of Equalization 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 Douglas County Board Of Equalization.

  
Signature: Ronald S. Loser Esq.