BOARD OF ASSESSMENT APPEALS, STATE OF COLORADO

1313 Sherman Street, Room 315 Denver, Colorado 80203

Petitioner:

RR3 LIMITED LIABILITY CO

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Respondent:

ARAPAHOE COUNTY BOARD OF EQUALIZATION

ORDER ON WITHDRAWAL

Docket Number: 66222

The Board received Petitioner's request to withdraw the above-captioned appeal on December 1, 2015. The Board has approved Petitioner's request.

FINDINGS OF FACT AND CONCLUSIONS:

1. Subject property is described as follows:

County Schedule No.: 1971-33-4-00-088

Category: Valuation Property Type: Commercial

2. Petitioner is protesting the 2015 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 2nd day of December 2015.

BOARD OF ASSESSMENT APPEALS

Diane M. DeVries

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

Tisha Luna

Debra A. Baumbach

STATE OF COLORADO BU OF ASSESSMENT APPEALS

2015 DEC - 1 AM 8: 07

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,

PROPERTY TAX ADVISORS, INC. DARIUSH BOZORGPOUR 3090 S. JAMAICA CT., SUITE 204 AURORA, CO 80014

Docket No.: 66222

Petitioner:

RR3 LIMITED LIABILITY CO -

Hearing Date: February 2, 2016

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

Denver, Colorado 80203

Via Facsimile: 303.864.7719

I no longer wish to pursue this matter and request that my property tax appeal be withdrawn.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) 2015. I understand that this withdrawal letter should not be mailed or faxed if I have reached an agreement (stipulation) with the Arapahoe 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 Arapahoe County Board Of Equalization.

Signature: DARIUSH BOZORGPOUR