BOARD OF ASSESSMENT APPEALS, STATE OF COLORADO

1313 Sherman Street, Room 315 Denver, Colorado 80203

Petitioner:

FAIRWAYS OWNER LLC ALS ST DORIS LLC -

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Respondent:

ARAPAHOE COUNTY BOARD OF EQUALIZATION

ORDER ON WITHDRAWAL

The Board received Petitioner's request to withdraw the above-captioned appeal on April 19, 2016. The Board has approved Petitioner's request.

FINDINGS OF FACT AND CONCLUSIONS:

1. Subject property is described as follows:

County Schedule No.: 1973-10-1-16-006+1

Category: Valuation

Property Type: Residential

Docket Number: 66583

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 27th day of April 2016.

BOARD OF ASSESSMENT APPEALS

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

Debra A. Baumbach

Diane M. DeVries

of Assessment Appeals.

6. Latardoic

Gordana Katardzic

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.

RYAN LLC ROCIO SOSA 5251 DTC PKWY, SUITE 1045 GREENWOOD VILLAGE, CO 80111

2016 APR 19 PM 4: 42

Date: 4/19/16

Docket No.: 66583

Petitioner:

FAIRWAYS OWNER LLC ALS ST DORIS L

Hearing Date: May 18, 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I no longer wish to pursue this matter and request that my property tax appeal be withdrawn.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: ROCIO SOSA