BOARD OF ASSESSMENT APPEALS, STATE OF COLORADO

1313 Sherman Street, Room 315 Denver, Colorado 80203

Petitioner:

AURORA CARE GROUP, LLC -

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Respondent:

ARAPAHOE COUNTY BOARD OF EQUALIZATION

ORDER ON WITHDRAWAL

Docket Number: 69215

The Board received Petitioner's request to withdraw the above-captioned appeal on November 22, 2016. The Board has approved Petitioner's request.

FINDINGS OF FACT AND CONCLUSIONS:

1. Subject property is described as follows:

County Schedule No.: 2073-18-1-21-001

Category: Valuation/Protest Appeal Property Type: Residential

2. Petitioner is protesting the 2016 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 23rd day of November 2016.

BOARD OF ASSESSMENT APPEALS

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

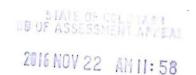
Debra A. Baumbach

Diane M. DeVries

Gordana Katardzic

of Assessment Appeals.

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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.

TAX ADVISORS PLLC GREGORY A. DAMICO CPA 203 SE PARK PLAZA DR., STE. 230 VANCOUVER, WA 98684-5004

Date: 11/21/2016

Docket No.: 69215

Petitioner:

AURORA CARE GROUP, LLC -

Hearing Date: 12/15/2016

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I no longer wish to pursue this matter and request that my property tax appeal be withdrawn.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) 2016. 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 GREGORY A. DAMICO CPA