

|   |                                       |
|---|---------------------------------------|
| <b>BOARD OF ASSESSMENT APPEALS,<br/>STATE OF COLORADO</b><br>1313 Sherman Street, Room 315<br>Denver, Colorado 80203  |                                       |
| Petitioner :<br><b>CREEKSIDE CHIROPRACTIC CENTERS,</b><br>v.<br>Respondent :<br><b>ARAPAHOE COUNTY BOARD OF EQUALIZATION.</b>   |                                       |
| Attorney or Party Without Attorney for the Petitioner:<br>Name : Kenneth S. Kramer, Berenbaum, Weinshienk & Eason, P.C.<br>Address: 370 17 <sup>th</sup> Street, Ste. 2600<br>Denver, CO 80202<br>Phone Number: (303) 825-0800<br>E-mail:<br>Attorney Reg. #: | <b>Docket Number:</b><br><b>35837</b> |
| <b>ORDER (On Withdrawal)</b>  |                                       |

**THIS MATTER** was scheduled for a hearing before the Board of Assessment Appeals on April 3, 2001. On March 13, 2001, the Board received Petitioner's request to withdraw the above-captioned appeal. The Board has approved Petitioner's request.

**ORDER:**

Petitioner's request for withdrawal is granted; therefore, the Board will take no further action on this matter.

**DATED and MAILED** this 13th day of March, 2001.

This decision was put on the record

March 13, 2001

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

*Barbara J. Schlosser*  
 Barbara J. Schlosser

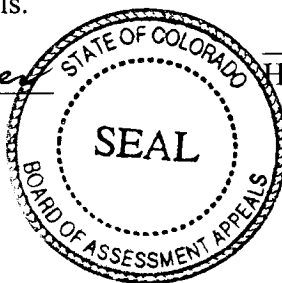
**BOARD OF ASSESSMENT APPEALS**

*Karen E Hart*

Karen E. Hart

*Harry J. Fuller*

Harry J. Fuller



STATE OF COLORADO  
BOARD OF ASSESSMENT APPEALS  
1313 Sherman St., Room 315  
Denver, CO 80203  
(303)866-5880

RECEIVED  
01 MAR 13 PM 1:15  
STATE OF COLORADO  
BD OF ASSESSMENT APPEALS

I am inquiring as to whether your circumstances have changed since filing your appeal, and if you still wish to continue with your appeal to hearing.

If at any time since receiving your Notice of Hearing, you decide you DO NOT wish to continue your appeal and choose to withdraw, please sign this letter and return it to the Board of Assessment Appeals. If the Petitioner or Petitioner's representative is not present at the hearing and written notification of your withdrawal is not received prior to the hearing date, the Board will dismiss your appeal at the hearing.

Please notify the COUNTY BOARD OF EQUALIZATION of the withdrawal of your appeal by sending them a copy of this letter.

If you wish to go forward with hearing, no response is necessary. Thank you for your patience and cooperation in this matter.

Docket #: 35837

Hearing Room: C

Hearing Date: April 3, 2001

CREEKSIDE CHIROPRACTIC CENTERS

Petitioner's Signature: \_\_\_\_\_

