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| <p><b>BOARD OF ASSESSMENT APPEALS,<br/>STATE OF COLORADO</b><br/>1313 Sherman Street, Room 315<br/>Denver, Colorado 80203</p> <hr/> <p>Petitioner:</p> <p><b>ALLEGIANCE HEALTHCARE CORP,</b></p> <p>v.</p> <p>Respondent:</p> <p><b>ARAPAHOE COUNTY BOARD OF<br/>EQUALIZATION.</b></p> |                                    |
| <p>Attorney or Party Without Attorney for the Petitioner:</p> <p>Name: Matthew W. Poling<br/>Deloitte &amp; Touche LLP</p> <p>Address: 555 17<sup>th</sup> Street #3600<br/>Denver, Colorado 80202</p> <p>Phone Number: 303-308-2191</p> <p>Attorney Reg. No.:</p>                     | <p><b>Docket Number: 38292</b></p> |
| <p><b>ORDER ON WITHDRAWAL</b></p>  |                                    |

**THIS MATTER** was scheduled for a hearing before the Board of Assessment Appeals on April 30, 2003. On April 17, 2003, the Board received Petitioner's request to withdraw the above-captioned appeal. The Board has approved Petitioner's request.

**FINDINGS OF FACT AND CONCLUSIONS:**

1. Subject property is described as follows:

**Schedule No.: 2075-35-2-06-003**

**Category: Valuation**

**Property Type: Commercial**

2. Petitioner is protesting the 2001 actual value of the subject property.

**ORDER:**

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

**DATED and MAILED** this 18<sup>th</sup> day of April, 2003.

**BOARD OF ASSESSMENT APPEALS**

*Karen E Hart*

Karen E. Hart

*Debra A. Baumbach*

Debra A. Baumbach

This decision was put on the record

April 17, 2003

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

*James E. Mogan*  
James E. Mogan



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

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 ARAPAHOE 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.

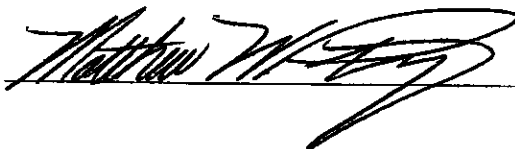
Docket #: 38292 *40262*

Hearing Room: C

Hearing Date: April 30, 2003

ALLEGIANCE HEALTHCARE CORP

Petitioner's Signature:



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BOARD OF ASSESSMENT APPEALS  
DENVER