

<b>BOARD OF ASSESSMENT APPEALS, STATE OF COLORADO</b> 1313 Sherman Street, Room 315 Denver, Colorado 80203	<b>Docket Number: 49936</b>
Petitioner: <b>CASTLE ROCK MEDICAL CENTERS, LLC,</b>  v. Respondent: <b>PTA PROPERTY TAX ADMINISTRATOR.</b>	
<b>ORDER ON WITHDRAWAL</b>	

The Board received Petitioner's request to withdraw the above-captioned appeal on June 26, 2009. The Board has approved Petitioner's request.

**FINDINGS OF FACT AND CONCLUSIONS:**

1. Subject property is described as follows:  
     **County Schedule No.: FILE NO 18-01280-02**  
     **Category: Exemption      Property Type: Exempt**
2. Petitioner is protesting the 05-06 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 30th day of June 2009.

BOARD OF ASSESSMENT APPEALS

Karen E Hart  
Karen E. Hart

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

Debra A. Baumbach  
Debra A. Baumbach

Toni Rigiroszi  
Toni Rigiroszi





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

STATE OF COLORADO  
BD OF ASSESSMENT APPEALS

2009 JUN 26 PM 1:07

Castle Rock Medical Centers, Llc  
WILLIAM D. SCHLANGER, MANAGER  
413 WILCOX STREET, SUITE 204  
Castle Rock, CO 80104

Date: 6/24/09

Docket No.: 49936  
Hearing Date: September 22, 2009

To: Board of Assessment Appeals  
1313 Sherman Street, Room 315  
Denver, CO 80203

Via Facsimile: 303.866.4485

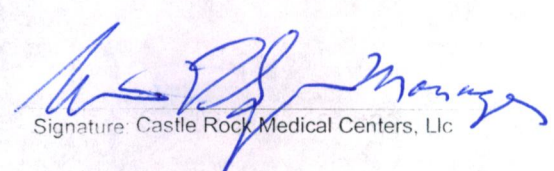
*Congratulations. You have shown that fairness is only available to those that can afford an attorney. Denying us the right to represent ourselves "for our own protection" is un-American.*

I no longer wish to pursue this matter and request that my property tax appeal be withdrawn.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) 05-06. I understand that this withdrawal letter should not be mailed or faxed if I have reached an agreement (stipulation) with the Pta Property Tax Administrator 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 Pta Property Tax Administrator located at 1313 Sherman St., Room 419, Denver, CO, 80203 on the date referenced above.

DENVER, CO 80302  
1313 SHERMAN STREET, ROOM 315  
DENVER, CO 80203

  
Signature: Castle Rock Medical Centers, Llc