

BOARD OF ASSESSMENT APPEALS, STATE OF COLORADO 1313 Sherman Street, Room 315 Denver, Colorado 80203	Docket Number: 75976
Petitioner: GAHC3 DURANGO CO MEDICAL CENTER LLC v. Respondent: LA PLATA COUNTY BOARD OF EQUALIZATION	
ORDER ON WITHDRAWAL	

The Board received Petitioner's request to withdraw the above-captioned appeal on February 28, 2020. The Board has accepted Petitioner's request.

FINDINGS OF FACT AND CONCLUSIONS:

1. Subject property is described as follows:

County Schedule No.: R428361
Category: Valuation/Protest Appeal Property Type: Commercial
2. Petitioner is protesting the 2019 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 this 5th day of June 2020.

BOARD OF ASSESSMENT APPEALS

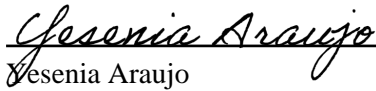


Diane M. DeVries

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



Debra A. Baumbach



Cesenia Araujo



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.

GAHC3 DURANGO CO MEDICAL CENTER LLC
ETHAN HORN
7979 E TUFTS AVENUE, SUITE 1500
DENVER, CO 80237

STATE OF COLORADO
BOARD OF ASSESSMENT APPEALS
2020 FEB 28 AM 8:55

Date: 2/28/20

Docket No.: 75976
Petitioner: GAHC3 DURANGO CO MEDICAL CENTER I
Hearing Date: 08/18/2020

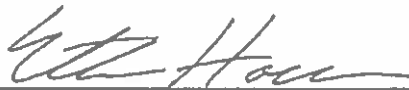
To: Board of Assessment Appeals
1313 Sherman Street, Room 315
Denver, Colorado 80203

Via Email: baa@state.co.us

I no longer wish to pursue this matter and request that my property tax appeal be withdrawn.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) 2019. I understand that this withdrawal letter should not be mailed or faxed if I have reached an agreement (stipulation) with the La Plata 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 La Plata County Board Of Equalization.



Signature: ETHAN HORN