

STATE OF NEW YORK
STATE TAX COMMISSION
ALBANY, NEW YORK 12227

MICHAEL ALEXANDER
SECRETARY
Telephone: (518) 457-6162

November 19, 1982

Varaxon Electronics Inc.
c/o Leo J. Mahool
P.O. Box 248
Lansing, NY 14882

Gentlemen:

Please take notice of the Default Order of the State Tax Commission enclosed herewith.

Please take further notice that pursuant to Section(s) 1138 & 1243 of the Tax Law, any proceeding in court to review this decision must be commenced within 4 months from the date of this notice.

Inquires concerning the computation of tax due or refund allowed in accordance with this decision may be addressed to the undersigned.

Very truly yours,

MICHAEL ALEXANDER
SECRETARY TO THE
STATE TAX COMMISSION

cc: Petitioner's Representative

Taxing Bureau's Representative

STATE TAX COMMISSION

In the Matter of the Petition :
of :
Varaxon Electronics Inc. : DEFAULT ORDER
: 82-P-35
for Revision or for Refund of Sales & Use Tax :
under Article(s) 28 & 29 of the Tax Law :
for the Period 3/1/78-2/28/81. :

Petitioner(s) Varaxon Electronics Inc., filed a petition for revision or for refund of Sales & Use Tax under Article(s) 28 & 29 of the Tax Law for the Period 3/1/78-2/28/81. File No. 35550.

Under Section 601.5 of the State Tax Commission Rules of Practice and Procedure, a notice was served on the petitioner(s) to file a perfected petition. Notice to file the perfected petition was sent to the petitioner(s) last known address. Petitioner(s) failed to file a perfected petition. A default has been duly noted.

Now on motion of the Secretary to the State Tax Commission, it is

ORDERED that the petition of Varaxon Electronics Inc., be and the same is hereby denied.

DEFAULT ORDER
 ADOPTED BY THE STATE TAX COMMISSION
 ALBANY, NEW YORK
 NOVEMBER 19, 1982

P 230 844 204

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO		<i>Harmon Electronics Inc.</i>	
STREET AND NO.		<i>41 West 2nd Street</i>	
P.O., STATE AND ZIP CODE		<i>P.O. Box 848</i>	
POSTAGE		<i>Harmon NY 14882</i>	
CERTIFIED FEE		<i>14882</i>	
CONSULT POSTMASTER FOR FEES	OPTIONAL SERVICES	SPECIAL DELIVERY	c
		RESTRICTED DELIVERY	c
	RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	c
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	c
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	c
		SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	c
TOTAL POSTAGE AND FEES		\$	
POSTMARK OR DATE			

PS Form 3800, Apr. 1976