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

PAUL B. COBURN
SECRETARY
Telephone: (518) 457-6162

June 24, 1983

P.H. High Point Corp. c/o Chang M. Sohn 529 Fifth Ave. New York, NY 10017

#### 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 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,

PAUL B. COBURN
SECRETARY TO THE
STATE TAX COMMISSION

cc: Petitioner's Representative Lawrence G. Wasserman 136 Greenway Rd. Lido Beach, NY 11561 Taxing Bureau's Representative In the Matter of the Petition

of

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P.H. High Point Corp.

DEFAULT ORDER

83-P-21

for Revision or for Refund of Sales & Use Tax

under Article(s) 28 & 29 of the Tax Law

for the Period 9/1/77 - 8/31/80.

Petitioner(s) P.H. High Point Corp., filed a petition for revision or for refund of Sales & Use Tax under Article(s) 28 & 29 of the Tax Law for the Period 9/1/77 - 8/31/80. File No. 34985.

Under Section 601.5 of the State Tax Commission Rules of Practice and Procedure, a notice was served on the petitioner(s) representative, to file a perfected petition. Notice to file the perfected petition was sent to the representative'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 P.H. High Point Corp., be and the same is hereby denied.

DEFAULT ORDER
ADOPTED BY THE STATE TAX COMMISSION
ALBANY, NEW YORK
JUNE 24, 1983

## P 481 207 955

### RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL

(See Reverse)	
Sent to P. H. High Poir	H Corp.
· · · · · · · · · · · · · · · · · · ·	2hn
Street and No.	
529 FOF+h AV	e.
P.O., State and ZIP Code	
New York, NY 10	017
· · · · · · · · · · · · · · · · · · ·	\$
Postage	•
Certified Fee	** .
a del Delivery Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Hestricted Delivery 1 de	
Return Receipt Showing	
to whom and Date Delivered	
Return Receipt Showing to whom,	
Date, and Address of Delivery	
TOTAL Postage and Fees	\$
101721000	
Postmark or Date	."
	F <sub>1</sub>

# P 481 207 956 RECEIPT FOR CERTIFIED MAIL

1.0 INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL

Sent to

Lawrence G. Wasserman

Street and No.

136 Creenway Rd.

P.O., State and ZIP Code

Lindo Beach, NY 11561

Postage

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to whom and Date Delivery

Return Receipt Showing to whom, Date, and Address of Delivery

TOTAL Postage and Fees

Postmark or Date