John J. Sollecito, Director (518) 457-1723

September 28, 1984

Ann Starkman Annie Bonne, Inc. 31 Halley Drive Pomona, NY 10970

Dear Ms. Starkman:

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.

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

truly yours,

Joseph Chyrywaty Supervisor of Tax Conferences

cc: Taxing Bureau's Representative

In the Matter of the Petition

of

Ann Starkman

DEFAULT ORDER

Annie Bonne, Inc.

84-C-30

for Redetermination of a Deficiency or Revision of :

a Determination or Refund of

Sales & Use Tax under Article 28 & 29

of the Tax Law for the Period 5/31/80.

Petitioner(s) Ann Starkman Annie Bonne, Inc. filed a petition for redetermination of a deficiency or revision of a determination or refund of Sales & Use Tax under Article 28 & 29 of the Tax Law for the Period 5/31/80. File No. 47657.

A pre-hearing conference on the petition was scheduled before David Baker, at the offices of the State Tax Commission, 99 Church Street, Second Floor, White Plains, New York 10601 on Friday, July 27, 1984 at 10:30 a.m. Notice of said pre-hearing conference was given to petitioner(s). Petitioner(s) did not appear at the pre-hearing conference. A default has been duly noted.

Now on motion of the State Tax Commission, it is

ORDERED that the petition of Ann Starkman Annie Bonne, Inc. be and the same is hereby denied.

DEFAULT ORDER
ADOPTED BY THE STATE TAX COMMISSION
ALBANY, NEW YORK
SEPTEMBER 28, 1984

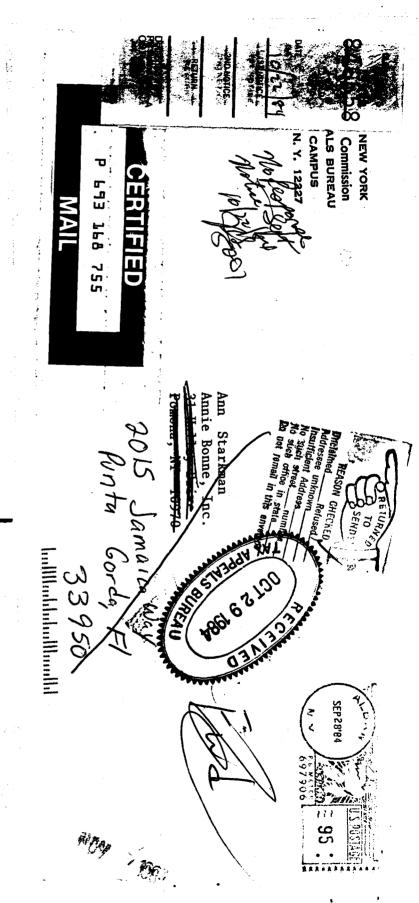
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## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

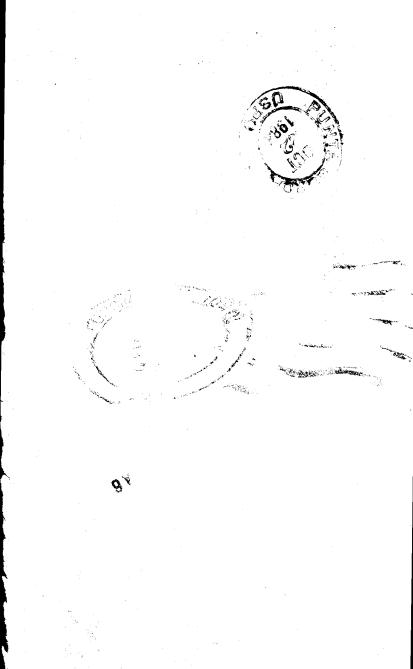
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| Sent to   |   |
|---|---|
| Am Starkman   |   |
| Street and No. Bonne, Inc.                                    |   |
| P.O., State and ZIP Code                                      |   |
| Postage<br>LO mona, NY 10970                                  | \$  |
| Certified Fee   |   |
| Special Delivery Fee  |   |
| Restricted Delivery Fee                                       |   |
| Return Receipt Showing to whom and Date Delivered             |   |
| Return receipt showing to whom, Date, and Address of Delivery |   |
| TOTAL Postage and Fees  | \$  |
| Postmark or Date  |   |
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