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

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

September 21, 1984

Yogurt Yes #1 Ltd. Corp. c/o Herbert Siegal 3180 S. Ocean Dr., Apt. 814 Hallandale, FL 33009

Dear Mr. Siegal:

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 Abraham Marks 536 Wayland Ave. Providence, RI 02906 Taxing Bureau's Representative In the Matter of the Petition

of

Yogurt Yes #1 Ltd. Corp.

DEFAULT ORDER

84-P-29

for Redetermination of a Deficiency or Revision of :

a Determination or Refund of Sales & Use Tax under:

Article(s) 28 & 29 of the Tax Law for the Period

9/1/78-11/30/79.

Petitioner(s) Yogurt Yes #1 Ltd. Corp. filed a petition for redetermination of a deficiency or revision of a determination or refund of Sales & Use Tax under Article(s) 28 & 29 of the Tax Law for the Period 9/1/78-11/30/79. File No. 35809.

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 last known address of the petitioner(s). 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 Yogurt Yes #1 Ltd. Corp. be and the same is hereby denied.

DEFAULT ORDER
ADOPTED BY THE STATE TAX COMMISSION
ALBANY, NEW YORK
SEPTEMBER 21, 1984

P 693 168 710

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517	Street and No. Street and No. P.O., State and ZIP Code 3180 Postage Certified Fee Special Delivery Fee	HD.Con Or. Ac 33000	p.
	Restricted Delivery Fee Return Receipt Showing to whom and Date Delivered		
1982	Return receipt showing to whom, Date, and Address of Delivery		
Feb.	TOTAL Postage and Fees	\$	
PS Form 3800, Feb. 1982	Postmark or Date		

P 693 168 711

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to b Mark D	Į		
Ahranam Manks Street and No. 536 Lizeuland Avenue			
providence, x1	\$906 \$		
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	s		
Postmark or Date	-		
	Street and No. Street and No. P.O., State and ZIP Code Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to whom and Date Delivered		

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