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

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

November 7, 1985

Triboro Oil Corp.
515 Long Beach Blvd.
Long Beach, New York 11561

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 and/or 1139 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: Taxing Bureau's Representative

In the Matter of the Petition

of

Triboro Oil Corp.

DEFAULT ORDER

85-P-28

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

6/1/79 - 2/28/82.

Petitioner(s) Triboro Oil 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 6/1/79 - 2/28/82. File No. 53687.

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 Triboro Oil Corp. be and the same is hereby
denied.

DEFAULT ORDER
ADOPTED BY THE STATE TAX COMMISSION
ALBANY, NEW YORK
NOVEMBER 7, 1985

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RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

| U.S.G.P.O. 1984-446-014 | Septoriboro ail Corp. Street and No. Long Beach Blog Plo., State and ZIP Code Postage 1/5/4/\$ | | |
|-------------------------|--|----|--|
| * D | Certified Fee | | |
| | Special Delivery Fee | | |
| | 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 | | |