

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

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

September 17, 1986

Avet Coach Corp.  
5570 Netherland Ave.  
Bronx, NY 10471

Re: File No. 60502

Gentlemen:

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

Please take further notice that pursuant to Section(s) 1138/1139 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

Petitioner's Representative:  
Seymour Schiller  
25 W. 43rd St.  
New York, NY 10036

STATE OF NEW YORK  
STATE TAX COMMISSION

---

In the Matter of the Petition :

of :

Avet Coach Corp. : DEFAULT ORDER

: 86-P-22

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. :

---

Petitioner(s) Avet Coach 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

. File No. 60502

Under Section 601.5 of the State Tax Commission Rules of Practice and Procedure, a notice was served on the representative of the petitioner(s) 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 Avet Coach Corp. be and the same is hereby denied.

DEFAULT ORDER  
ADOPTED BY THE STATE TAX COMMISSION  
ALBANY, NEW YORK  
SEPTEMBER 17, 1986

P 319 373 248

RECEIPT FOR CERTIFIED MAIL

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

★ U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

|   |    |
|---|----|
| Sent to<br><i>Leipman Schiller</i>                            |    |
| Street and No.<br><i>25 W. 43rd St.</i>                       |    |
| P.O., State and ZIP Code<br><i>NY NY 10036</i>                |    |
| Postage   | \$ |
| 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  |    |

P 319 373 247

RECEIPT FOR CERTIFIED MAIL

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

★ U.S.G.P.O. 1985-480-794

PS Form 3800, June 1985

|   |    |
|---|----|
| Sent to<br><i>Conet Cash Corp.</i>                            |    |
| Street and No.<br><i>5570 Lathland Ave.</i>                   |    |
| P.O., State and ZIP Code<br><i>Brooklyn, NY 10471</i>         |    |
| Postage   | \$ |
| 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  |    |