

August 12, 2025

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## AMY ABBINK

PARALEGAL

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## VIA CERTIFIED MAIL

Albany, New York 12227

No. 9489-0090-0027-6674-8616-46

New York State Tax Department IDA Unit WA Harriman Campus

Re: Form: NYS Form ST-60

IDA: Onondaga County IDA

Primary Agent: Upstate Pathology Lab Ownership LLC

Project Name: Upstate Pathology Lab Ownership LLC Project

IDA OSC Project Code: 3101-24-07A

Dear Sir or Madam:

On behalf of the Onondaga County IDA, I have enclosed for filing NYS Form ST-60 for the following primary agent:

## UPSTATE PATHOLOGY LAB OWNERSHIP LLC

Should you have any questions or concerns regarding the foregoing, please do not hesitate to contact me at (585) 419-8744.

Very truly yours,

Amy c. Ahr

Amy Abbink

Enclosure



Department of Taxation and Finance

## IDA Appointment of Project Operator or Agent For Sales Tax Purposes

ST-60

(1/10)

The industrial development agency or authority (IDA) **must** submit this form within **30 days** of the appointment of a project operator or agent, whether appointed directly by the IDA or indirectly by the operator or another agent.

For IDA use only

IDA information							
Name of IDA				IDA project number (use OSC numbering system for projects after 1998)			
Onondaga County Industrial Development Agency				3101- 24-07A			
Street address				Telephone number			
335 Montgomery Street, Floor 2M				(315 ) 435-3770			
City State ZIP code				Email address (optional)			
Syracuse NY 13202			2	N/A			
Project operator or agent informa	tion						
Name of IDA project operator or agent			Mark an <b>X</b> in	the box if directly	Employ	ver identification or Social Security number	
				ppointed by the IDA: 93-3422573			
Street address			арроппос ву	Telephone num		Primary operator or agent?	
5112 West Taft Road, Suite M				(315) 452		Yes X No	
			^	Email address (optional)			
City	State ZIP code						
Liverpool	NY 13088			N/A			
Project information							
Name of project							
Upstate Pathology Lab Ownership, LLC Pro	niect						
Street address of project site and any lands	located in Or	nondaga	County and	occupied by I	icense or ea	sement during construction or	
6624 Fly Road* improved by thi	rd parties for	the bene	fit of the Pr	oject			
City	State	ZIP cod	Δ	Email address	(ontional)		
	NY 13057			N/A			
Dewitt Purpose of project	INT	1303		JIN/A			
lab building; state-of-the-art lab testing e signage, landscaping, and sidewalks	, q					γ	
Description of goods and services intended to be exem Goods and services, inclusive of fuel and uthey continue to constitute personal proper located outside the legal boundaries of the Project.	itilities, wheth ty or the item	ner the go	ods and se after the co	ervices are pur mpletion of the	e Project, or	the item is geographically	
Date project operator or agent appointed (mmddyy) 080625	Date project of agent status	and the second and the second	tyy)	123126	Mark an X in t an original pro	he box if this is an extension to ject:	
Estimated value of goods and services that will be exempt from New York State and local sales and use to	ax: 40, all ag	000,000.0 ents; all i	00 use tax ex	I value of New York kemption provided		al sales and 3,200,000.00 all agents; all in	
Certification: I certify that the above state make these statements with the knowledge felony or other crime under New York State Tax Department is authorized to investigate	e that willfully e Law, punish	providing able by a	g false or fr substantia	audulent informal fine and pos	mation with t sible jail sen	this document may constitute a	
Print name of officer or employee signing on behalf of the IDA			Print title	Print title			
Robert M. Petrovich			Executi	Executive Director			
Signature				Date Telephone number			
1010				08-06	5-2025	( 315 ) 435-3770	