

**HEARING NOTIFICATION LISTING SERVICE - 1006 3RD ST E**

**AMENDED 4/27/22**

Legislative Hearing: **Tuesday, May 24, 2022**

Publication Dates: **April 28 and May 2, 2022**

City Council Hearing: **Wednesday, June 22, 2022**

Owners, Interested Parties, etc.	US Mail	CERTIFIED MAIL		PERSONAL SERVICE		Resolution Mail Date	ENS Posting Date	OTA Mail Date
		Sent	Received	Sent	Received			
Cervelio and Alicia Quezada 1006 3rd St E St Paul MN 55106-5205	4/22/22 <i>Returned</i>							12/22/21
Cervelio and Alicia Quezada 6190 State Route 47 W Sidney OH 45365		4/22/22	<i>Returned mail 5/6/22</i>					12/22/21
Erica Morales 20132 Explorer Ave N Forest Lake MN 55025		4/22/22	<i>5/3/22</i>					12/22/21
Freedom Mortgage Corp 907 Pleasant Valley Ave Suite 3 Mount Laurel NJ 09054		4/22/22	<i>4/27/22</i>					12/22/21
Cory Johnson Resolution Home Buyers LLC PO Box 19560 Minneapolis MN 55419	4/22/22							4/22/22
Liebo, Weingarden, Dobie & Barbee 4500 Park Glen Road #300 Minneapolis MN 55416		4/27/22	<i>4/29/22</i>					4/27/22

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Cory McCracken 2475 Maplewood Dr Unit 15 Maplewood MN 55109	5/18/22	4/27/22 Returned 5/17/22						4/27/22
Dayton's Bluff Community Council							4/22/22	



CERTIFIED MAIL™



7007 3020 0000 0177 9421



quodient  
FIRST-CLASS MAIL  
IM1  
\$007.33<sup>00</sup>  
04/27/2022 ZIP 55101  
043M31224115

US POSTAGE

*Please put  
certified  
sticker in  
middle  
- Do NOT  
COVER  
Return Address*

Cory McCracken  
2475 Maplewood Dr Unit 15  
Maplewood MN 55109

Received  
MAY 17 2022

9

City of Saint Paul - DSI

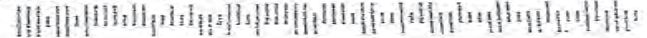
NIXIE 553 CE 1 2205/08/22

RETURN TO SENDER  
INSUFFICIENT ADDRESS  
UNABLE TO FORWARD

FWD

55109 0000 0177 9421

MANUAL PROC REQ \*1378-03340-28-00



Cory McCracken 2475 Maplewood Dr Unit 15 Maplewood MN 55109	5/18/22	4/27/22 Returned 5/17/22						4/27/22
Dayton's Bluff Community Council							4/22/22	

375 Jackson Street, Suite 220  
Saint Paul, MN 55101-1806

*Steve M.*



CITY OF SAINT PAUL  
DEPARTMENT OF SAFETY AND INSPECTIONS

quadrant  
FIRST-CLASS MAIL  
INT  
04/22/2022 ZIP 55101  
043M31224113

US POSTAGE

*VAC*

Cervelio and Alicia Quezada  
1006 3rd St E  
St Paul MN 55106-5205

NIXIE 553 DE 1 0004/28/22

RETURN TO SENDER  
VACANT  
UNABLE TO FORWARD

55106-5205 BC: 55101180670 \*0178-00458-22-46  
55101-1806

CERTIFIED MAIL™



7007 3020 0000 0177 9391

quadrant  
FIRST-CLASS MAIL  
INT  
\$007.33<sup>9</sup>  
04/22/2022 ZIP 55101  
043M31224113

US POSTAGE



Received

MAY - 6 2022

City of Saint Paul - DSJ

*[Handwritten signature]*

Cervelio and Alicia Quezada  
6190 State Route 47 W  
Sidney OH 45365

NOTICE

NIXIE 438 DE 1 2204/29/22

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

45365-7001  
MANUAL PROC REQ \*0178-01651-23-02

US POSTAGE

REGISTERED MAIL™



7007 3020 0000 0177 9421



Received

MAY 17 2022

City of Saint Paul - DSI

9

*Please put certified sticker in middle - Do NOT COVER IA Return Address*

Cory McCracken  
2475 Maplewood Dr Unit 15  
Maplewood MN 55109

NIXIE

553 CE 1

2205/08/22

RETURN TO SENDER  
INSUFFICIENT ADDRESS  
UNABLE TO FORWARD

FWD

MANUAL PROC REQ

\*1378-03348-28-99

55109 0177 9421



quodient

FIRST-CLASS MAIL

IM1

\$007.33<sup>00</sup>

04/27/2022 ZIP 55101

043M31224115

US POSTAGE



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Erica Morales  
20132 Explorer Ave N  
Forest Lake MN 55025



9590 9402 4439 8248 1248 34

2. Article Number (Transfer from service label)  
7007 3020 0000 0177 9407

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Erica Morales*  Agent  Addressee

B. Received by (Printed Name) *Erica Morales* C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No



3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Freedom Mortgage Corp  
907 Pleasant Valley Ave Suite 3  
Mount Laurel NJ 09054



9590 9402 4439 8248 1248 27

2. Article Number (Transfer from service label)  
7007 3020 0000 0177 9414

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Otto King*  Agent  Addressee

B. Received by (Printed Name) *OTTO KING* C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Liebo, Weingarden, Dobie  
& Barbee, PLLP  
4500 Park Glen Road #300  
Minneapolis MN 55416



9590 9402 4439 8248 1248 10

2. Article Number (Transfer from service label)  
7007 3020 0000 0177 9438

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *K.P. Leonard*  Agent  Addressee

B. Received by (Printed Name) *K.P. Leonard* C. Date of Delivery *4-29-22*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery  
 Insured Mail  
 Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt