Downstairs tenant, was given 60 days notice to move sent June 18th And is now moved out.

Upstairs tenant, has a lease signed for new residence owned by Frog Town Community Development Corp which was delayed by construction.

Smoke Detectors and Carbon Monoxide detectors inspected and approved by Todd Sutter. Affidavit attached.

Boilers Orsat Test certified. Certifications attached.

Guardian Property Management • Guardian Property Maintenance
708 Cleveland Ave SW Suite 160, New Brighton, MN 55112
Office (651) 287-2011 Fax (651) 697-4224

6/18/2012

Julia Holt
121 Como Ave
St. Paul, MN 55103

Notice of Lease Non Renewal

Dear: Julia

Guardian Property Management is sending this letter as notice that your lease will not be renewed effective August 31, 2012. This letter is to serve as written notice that you are required to move by noon on August 31, 2012.

When a resident is given a Notice of Lease Non Renewal, Landlord or his agent shall have the privilege of displaying the usual "For Rent" or "Vacancy" signs on the demised premises and of showing the property to prospective purchasers or residents. Residents may be asked to show their home form time to time upon appointment.

Per this letter Guardian Property Management requires you vacate the property by noon on August 31, 2012. Guardian Property Management will do a move out walk with you around that time.

Your deposit statement will be processed 21 days after you move, and sent to the last known address you provide the management.

I have enclosed a few forms for you to review and fill out.

Guardian Property Management would like to wish you well. Please do not hesitate to call the office if you have a question.

Best regards,

Guardian Property Management

DEPARTMENT OF SAFETY AND INSPECTIONS
Ricardo X. Cervantes, Director

CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

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

Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

SMOKE AND CARBON MONOXIDE DETECTOR INSPECTION AFFIDAVIT

** This affidavit must be completed and returned to the fire inspector upon inspection of the property. A certificate of occupancy cannot be issued/renewed without this completed affidavit. If all the units were not inspected by one person, signatures of all persons inspecting are required. More than one sheet may be used. **

121-123 Como	2	
Address	# of Units	C of O #

I affirm that I have given the occupant of each dwelling unit or guest room in the building at the above address a written explanation of the following:

1. The location and operation of each smoke detector and carbon monoxide detector.
2. Instructions describing the action to be taken when an alarm sounds.
3. The procedures for testing the detectors.
4. Who to contact when a low-battery tone sounds or power light fails.
5. The penalties for disabling smoke detection or carbon monoxide detection.

Signature: [signature] Date: 9-24-12

I affirm that I personally inspected the smoke detectors and carbon monoxide detectors in the dwelling units and guest rooms in the building at the above address as follows and that all detectors were in place and good working order:

Apt. #	Apt. #	Apt. #	Apt. #	Apt. #	Apt. #
1	2	BASEMENT			
✓	✓	✓			
✓	✓				
✓	✓				
✓	✓				

Signature: [signature] Date: 8-24-12

Minnesota State Statutes 299F.362 requires smoke detectors and Minnesota State Statute 299F.50 requires carbon monoxide detectors and Saint Paul Ordinance 39.02 (c) requires that an affidavit stating that "all detectors are inspected and serviced when needed and are operational be filed before a Certificate of Occupancy can be issued or renewed."

Revised 12/09

EXISTING FUEL BURNING EQUIPMENT SAFETY TEST REPORT

(Use separate form for each Appliance)

Department of Safety & Inspections
Fire Prevention Division
375 Jackson Street – Suite 220
Saint Paul MN 55101
Fax: 651-266-8951

Address: 123 Lime Avenue Boiler #1 Date: 9/30/12

Owner: Ron Bieler

Type of Heat:

Gravity Air____ Forced Air____ Gravity Hot Water____ Forced Hot Water X

Steam ____ Unit Heater ____ Space Heater____ Other____

Type of Fuel: Gas X Oil ____ Other____

Gas Design		**Conversion**	
Make of Burner	Vaillant	Make	
Model	GA 92-140 SP	Model	
Serial	285-7637	Max. BTU Rating	
Input	100,000	Make of Furnace	

Equipment venting type: Atmospheric X Induced Fan ____ Other ____

Total BTU input of all vented gas appliances per chimney: 100,000

Type of Chimney: Masonry X Class B ____ Other ____

Type of Liner: None ____ Metal X Clay Tile ____

Combustible Air Supply Required?: Yes ____ No Y Installed?: Yes ____ No X

Safety & Operating Control Tests:	**Yes**	**No**
Pilot/Flame Safeguard Operating Properly	✓	
Limit(s) Operating Properly	✓	
Operator(s) Operating Properly	✓	
Low Water Cut-Off Operating Properly		
All Controls Operating Properly	✓	

Fuel Analysis/Flue Gas Analysis:	**Yes**	**No**
Vents Properly without Spillage	✓	
Flame Stays Inside/Doesn't Roll Out	✓	
Burner Lights Smoothly	✓	

	Initial	**Final**
Stack Temperature	216 F/Net	216 F/Net
Oxygen	4.6 %	4.6 %
Carbon Dioxide	9.13 %	9.13 %
Carbon Monoxide	93 % / ppm	93 % / ppm

Visual Inspection	**Yes**	**No**
Fuel Piping System – Okay	X	
Vent Systems—Drafthood, Connector, Vent Chimney-- Okay	X	
Heating Unit – Okay	X	

Carbon Monoxide Detector (tube type) Positive____ Negative____

Look At Total Heating System Before You Leave:

Does system operate safely and properly? Yes X No ____

COMMENTS: _____

Name of Licensed Contractor: Bruce Nelson Plumbing Address: 1272 Point Douglas Phone #: 651-735-9354

Person Doing Test (Print): Bruce Nelson (signature): _____

Certificate of Competency Number from City of Saint Paul for Appropriate Fuel: 7917

EXISTING FUEL BURNING EQUIPMENT SAFETY TEST REPORT

(Use separate form for each Appliance)

Department of Safety & Inspections
Fire Prevention Division
375 Jackson Street – Suite 220
Saint Paul MN 55101
Fax: 651-266-8951

Address: 123 Como Avenue Boiler #2 Date: 9/20/12

Owner: Ron Brewer

Type of Heat:

Gravity Air ____ Forced Air ____ Gravity Hot Water X Forced Hot Water ____

Steam ____ Unit Heater ____ Space Heater ____ Other ____

Type of Fuel: Gas X Oil ____ Other ____

Gas Design		**Conversion**	
Make of Burner	bryant	Make	
Model	234B 46W	Model	
Serial	1OD715S2	Max. BTU Rating	
Input	100,000	Make of Furnace	

Equipment venting type: Atmospheric X Induced Fan ____ Other ____

Total BTU input of all vented gas appliances per chimney: ____

Type of Chimney: Masonry X Class B ____ Other ____

Type of Liner: None ____ Metal ____ Clay Tile X

Combustible Air Supply Required?: Yes ____ No X Installed?: Yes ____ No X

Safety & Operating Control Tests:	**Yes**	**No**
Pilot/Flame Safeguard Operating Properly	X	____
Limit(s) Operating Properly	X	____
Operator(s) Operating Properly	X	____
Low Water Cut-Off Operating Properly	____	____
All Controls Operating Properly	X	____

Fuel Analysis/Flue Gas Analysis:	**Yes**	**No**
Vents Properly without Spillage	X	____
Flame Stays Inside/Doesn't Roll Out	X	____
Burner Lights Smoothly	X	____

	Initial		**Final**	
Stack Temperature	256	F/Net	256	F/Net
Oxygen	5.4	%	5.4	%
Carbon Dioxide	8.6	%	8.6	%
Carbon Monoxide	173	% / ppm	173	% / ppm

Visual Inspection	**Yes**	**No**
Fuel Piping System – Okay	X	____
Vent Systems—Drafthood, Connector, Vent Chimney-- Okay	X	____
Heating Unit – Okay	X	____

Carbon Monoxide Detector (tube type) Positive ____ **Negative** ____

Look At Total Heating System Before You Leave:

Does system operate safely and properly? Yes X No ____

COMMENTS: ____

Name of Licensed Contractor: Bill Nelson Plumbing Inc Address 1225 E. Point Douglas Phone # 651-775-9354

Person Doing Test (Print) Bill Nelson (signature) [signature]

Certificate of Competency Number from City of Saint Paul for Appropriate Fuel: 7917