

**HEARING NOTIFICATION LISTING SERVICE - 342 THOMAS AVE**

Legislative Hearing: **Tuesday, September 13, 2022**

Publication Dates: **August 18 and 22, 2022**

City Council Hearing: **Wednesday, October 12, 2022**

Owners, Interested Parties, etc.	US Mail	CERTIFIED MAIL		PERSONAL SERVICE		Resolution Mail Date	ENS Posting Date	OTA Mail Date
		Sent	Received	Sent	Received			
Manuel Crespo 722 - 23rd Ave N Minneapolis MN 55411	8/12/22			8/12/22	8/22/22 Aff not found			6/27/22
Manuel Crespo 342 Thomas Avenue St Paul MN 55103-1739	8/12/22							6/27/22
MBC Inc 9008 Cold Stream Lane Eden Prairie MN 55347		8/12/22	8/19/22					6/27/22
Frogtown Neighborhood Association							8/12/22	

STATE OF MINNESOTA

AFFIDAVIT OF NOT FOUND

COUNTY OF HENNEPIN

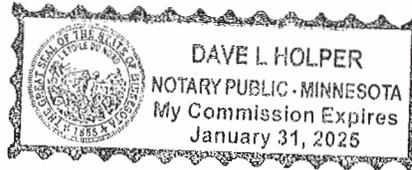
**METRO LEGAL SERVICES**

Casey L. Dickinson, agent for Metro Legal Services, Inc., being duly sworn, on oath deposes and states that agents in her employ attempted to serve the Notice of Public Hearings upon Manuel Crespo, therein named, personally at his/her last known address located at 722 23rd Avenue North, Minneapolis, County of Hennepin, State of Minnesota, and was unable to locate him/her there for the purpose of effecting personal service of process.

Casey L. Dickinson 8/22/2022  
Casey L. Dickinson, Process Server

Subscribed and sworn to before me on

8/22/2022  
[Signature]



**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:

MBC Inc  
9008 Cold Stream Lane  
Eden Prairie MN 55347



9590 9402 4439 8248 1246 05

2. Article Number (Transfer from service label).

7007 3020 0000 0176 0368

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *R. My*

Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/15/22

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

3. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Adult Signature                                | <input type="checkbox"/> Priority Mail Express®                     |
| <input checked="" type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                     | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery             | <input checked="" type="checkbox"/> Return Receipt for Merchandise  |
| <input type="checkbox"/> Collect on Delivery                            | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery        | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                   | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

ill Restricted Delivery

*312 Thomas*

Domestic Return Receipt