

HEARING NOTIFICATION LISTING SERVICE - 939 CHARLES AVELegislative Hearing: **Tuesday, November 23, 2021**Publication Dates: **October 28 & November 1, 2021**City Council Hearing: **Wednesday, December 22, 2021**

Owners, Interested Parties, etc.	US Mail	CERTIFIED MAIL		PERSONAL SERVICE		Resolution Mail Date	ENS Posting Date	OTA Mail Date
		Sent	Received	Sent	Received			
Tranquil Holdings LLC 1769 Lexington Ave N Unit 389 Roseville MN 55113-6522	10/22/21			10/22/21	Affidavit Not Found 10/27/21			9/15/21
Lorie Miller Tranquil Holdings LLC 3046 Bryant Ave S Minneapolis MN 55408		10/22/21						9/15/21
Derek Thooft Thooft Law LLC 8101 34 th Ave S Bloomington MN 55425		10/22/21	10/26/21					9/15/21
David Frey Renovo Capital LLC 407 Lake Street Suite 201 Wayzata MN 55391		10/22/21	10/25/21					9/15/21
Brutlag, Hartmann & Trucke PA 3555 Plymouth Blvd Suite 117 Minneapolis MN 55447-1399		10/22/21	10/26/21					9/15/21
Sauro & Bergstrom PLLC 992 Inwood Ave N Oakdale MN 55128		10/22/21						9/15/21
Frogtown Neighborhood Association							10/22/21	

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:

Derek Thooft
 Thooft Law LLC
 8101 34th Ave S
 Bloomington MN 55425



9590 9402 4439 8248 1234 00

2. Article Number (Transfer from service label)

7007 3020 0000 0177 9155

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent
 Addressee

B. Received by (Printed Name) *Ka Bao pnnol* C. Date of Delivery

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 type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input 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"/> Insured Mail Restricted Delivery	

939 Charles

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:

Brutlag, Hartmann & Trucke PA
 3555 Plymouth Blvd Suite 117
 Minneapolis MN 55447-1399



9590 9402 4439 8248 1233 87

2. Article Number (Transfer from service label)

7007 3020 0000 0177 9179

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery *10-26-21*

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 type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input 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"/> Insured Mail Restricted Delivery	

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

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:

David Frey
 Renovo Capital LLC
 407 Lake Street Suite 201
 Wayzata MN 55391



9590 9402 4439 8248 1233 94

2. Article Number (Transfer from service label)

7007 3020 0000 0177 9162

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent
 Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *10-25-21*

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 type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input 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"/> Insured Mail Restricted Delivery	

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

Domestic Return Receipt