HEARING NOTIFICATION LISTING SERVICE - 2120 ROSE AVE E

Legislative Hearing: **Tuesday, February 28, 2023** **Publication Dates: February 2 and 6, 2023**

City Council Hearing: **Wednesday, April 5, 2023**

Owners, Interested Parties, etc.	US Mail	CERTIFIED MAIL		PERSONAL SERVICE		Resolution Mail Date	ENS Posting Date	OTA Mail Date
		Sent	Received	Sent	Received			
Novad Management Consulting/Lucille Liepolt 2401 NW 23rd St Ste 1a1 St Paul MN 55119-3364	1/27/23 Ret 2/7/23	1/27/23	Returned 2/22/23					12/19/22
US Bank Trust NA Trustee for VRMTG Asset Trust c/o Fay Servicing LLC 1601 Lyndon B Johnson Fwy Farmers Branch TX 75234-6034		1/27/23	2/3/23					12/19/22
Wilford, Geske & Cook PA 7616 Currell Blvd Suite 200 Woodbury MN 55125-2296		1/27/23	1/31/23					12/19/22
Bron Inc 27720 Jefferson Ave Suite 210 Temecula CA 92590		1/27/23	1/30/23					12/19/22
Cory McCracken 2475 Maplewood Dr Suite 115 Maplewood MN 55109		1/27/23	1/31/23					12/19/22
Greater East Side Community Council							1/27/23	

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

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FIRST-CLASS MAIL
IMI
$000.60 ²
01/27/2023 ZIP 55101
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US POSTAGE

SAINT PAUL

CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS

Code Enforcement

Received
FEB 7 2023
City of Saint Paul - DSI

Novad Management Consulting
Lucille Liepolt
2401 NW 23rd St Ste 1a1

NIXIE 553 FE 1 0002/02/23

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

94009203782033150 ANK BC: 55101180670 *0378-06314-02-22

55101180670

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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:

Novad Management Consulting
Lucille Liepolt
2401 NW 23rd St Ste 1a1
St Paul MN 55119-3364

9590 9402 4439 8248 1230 80

2. Article Number *(Transfer from service label)*
7007 3020 0000 0177 5485

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* 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
☐ Mail
Mail Restricted Delivery
00)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

CERTIFIED MAIL™

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01/27/2023 ZIP 55101
043M31224113

US POSTAGE

CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS

NSW

Novad Management Consulting
Lucille Liepolt
2401 NW 23rd St Ste 1a1
St

NIXIE 553 CE 1 2202/02/23
RETURN TO SENDER
VACANT
UNABLE TO FORWARD

VAC MANUAL PROC REQ *1378-00093-30-16
56998>9999

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.

Article Addressed to:

US Bank Trust NA
Trustee for VRMTG Asset Trust
c/o Fay Servicing LLC
1601 Lyndon B Johnson Fwy
Farmers Branch TX 75234-6034

9590 9402 4439 8248 1231 10

Article Number *(Transfer from service label)*
7007 3020 0000 0177 5515

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [illegible] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* [illegible] C. Date of Delivery 2/3/23

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
- Mail Restricted Delivery 00)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

2126 R05

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:

Bron Inc
27720 Jefferson Ave Suite 210
Temecula CA 92590

9590 9402 4439 8248 1230 97

2. Article Number *(Transfer from service label)*
7007 3020 0000 0177 5492

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [illegible] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* [illegible] C. Date of Delivery 1/30/23

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

2126 R05

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

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- 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:

Wilford, Geske & Cook PA
7616 Currell Blvd Suite 200
Woodbury MN 55125-2296

9590 9402 4439 8248 1231 03

2. Article Number *(Transfer from service label)*
7007 3020 0000 0177 5508

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | 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
- ☐ Insured Mail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

JLO Rose

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

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- 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:

Cory McCracken
2475 Maplewood Dr Suite 115
Maplewood MN 55109

9590 9402 4439 8248 1231 27

2. Article Number *(Transfer from service label)*
7007 3020 0000 0177 5522

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | C. Date of Delivery 1/31/23

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
- ☐ Insured Mail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

2/1/20 Rose

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt