

HEARING NOTIFICATION LISTING SERVICE - 2120 ROSE AVE ELegislative 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 <i>Ret 27/23</i>	1/27/23	<i>Returned 2/22/23</i>					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	<i>2/3/23</i>					12/19/22
Wilford, Geske & Cook PA 7616 Currell Blvd Suite 200 Woodbury MN 55125-2296		1/27/23	<i>1/31/23</i>					12/19/22
Bron Inc 27720 Jefferson Ave Suite 210 Temecula CA 92590		1/27/23	<i>1/30/23</i>					12/19/22
Cory McCracken 2475 Maplewood Dr Suite 115 Maplewood MN 55109		1/27/23	<i>1/31/23</i>					12/19/22
Greater East Side Community Council							1/27/23	

SAINT
PAUL

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1552

01/20/2025 21:59:01

CONCLUSIONS

Code Enforcement

FEB 7 2023

City of Saint Paul - DSI

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RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

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REF: 55101120670

* 9278 - 92714 - 22 - 27

WISCONSIN DEPARTMENT OF REVENUE

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

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

Domestic Return Receipt

CERTIFIED MAIL™

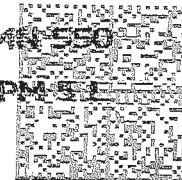


7007 3020 0000 0177 5485
CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS



SAINT PAUL MN 550

16 FEB 2023 PM 5 L



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FIRST-CLASS MAIL

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01/27/2023 ZIP 55101
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US POSTAGE

NSW

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

St NIXIE

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RETURN TO SENDER

VACANT

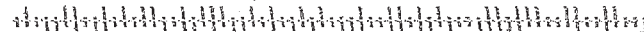
UNABLE TO FORWARD

VAC

MANUAL PROC REQ

*1378-00093-30-16

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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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *RC COV 19*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

RC COV 19

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

Domestic Return Receipt

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- 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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

John

C. Date of Delivery

1/3/23

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

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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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Amma* ☐ 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 ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☒ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
☐ Insured Mail ☐ Restricted Delivery

Domestic Return Receipt

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- 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

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Key* ☐ 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 ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☒ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☒ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
☐ Insured Mail ☐ Restricted Delivery

Domestic Return Receipt