

**HEARING NOTIFICATION LISTING SERVICE - 1117 JENKS AVE**

Legislative Hearing: **Tuesday, March 14, 2023**

Publication Dates: **February 16 and 20, 2023**

City Council Hearing: **Wednesday, April 19, 2023**

Owners, Interested Parties, etc.	US Mail	CERTIFIED MAIL		PERSONAL SERVICE		Resolution Mail Date	ENS Posting Date	OTA Mail Date
		Sent	Received	Sent	Received			
Jerome and Delores Kislenger 6864 8th Street Lane N St Paul MN 55128-6224	2/10/23			2/10/23	Affidavit not found 2/17/23			1/5/23
CAG National Fund I LLC 11022 N 28 <sup>th</sup> Drive #190 Phoenix AZ 85029		2/10/23	2/28/23					1/5/23
Rushmore Loan Management Services LLC Attn: Tamara Sulea 15480 Laguna Canyon Rd Irvine CA 92618		2/10/23	2/16/23					1/5/23
Marjorie Holsten Randall S Miller & Associates PC 8525 Edinbrook Crossing N Suite 210 Brooklyn Park MN 55443		2/10/23	2/14/23					1/5/23
Scott Fergus CAG National Fund I LLC 11008 Cavell Circle Bloomington MN 55438		2/10/23	3/6/23					2/10/23
Payne Phalen District 5 Planning Council							2/10/23	

STATE OF MINNESOTA

AFFIDAVIT OF NOT FOUND

COUNTY OF HENNEPIN

**METRO LEGAL SERVICES**

Rick Sinner, agent for Metro Legal Services, Inc., being duly sworn, on oath, deposes and states that agents in his employ attempted to serve the Notice of Public Hearings upon the within-named Delores Kislenger, at its registered address located at 6864 8th Street Lane North, Oakdale, County of Washington, State of Minnesota, and was unable to locate any officers or registered agent.

 2/27/2023  
Rick Sinner, Process Server

Subscribed and sworn to before me on

2/27/2023

 \_\_\_\_\_



**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:

CAG National Fund I LLC  
 11022 N 28th Drive #190  
 Phoenix AZ 85029



9590 9402 4439 8248 1231 58

2. Article Number (Transfer from service label)

7007 3020 0000 0177 5546

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

*Pam Sanchez*

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

Restricted Delivery

*117 Jems*

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Rushmore Loan Management  
 Services LLC  
 Attn: Tamara Sulea  
 15480 Laguna Canyon Rd  
 Irvine CA 92618



9590 9402 4439 8248 1231 41

*[Faded return address text]*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

- Agent
- Addressee

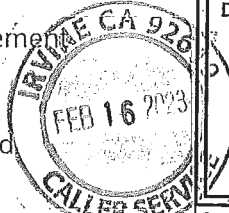
B. Received by (Printed Name)

*Jonathan Sanchez*

C. Date of Delivery

*FEB 16 2023*

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

Restricted Delivery

*117 Jems*

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:

Marjorie Holsten  
 Randall S Miller & Associates PC  
 8525 Edinbrook Crossing N Suite 210  
 Brooklyn Park MN 55443



9590 9402 4439 8248 1231 34

2. Article Number (Transfer from service label)

7007 3020 0000 0177 5560

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Handwritten 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
- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input 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"/> 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:

Scott Fergus  
 CAG National Fund I LLC  
 11008 Cavell Circle  
 Bloomington MN 55438



9590 9402 4439 8248 1231 65

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Handwritten Signature]*  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
*Scott C Fergus 3/6/23*

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 checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input 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        |   |

553

Domestic Return Receipt