

HEARING NOTIFICATION LISTING SERVICE - 499 Snelling Ave N

Legislative Hearing: **September 30, 2025**

City Council Hearing: **November 5, 2025**

Owners, Interested Parties	US Mail	Certified Mail		Personal Service		Res Mail Date	ENS Posting	OTA Date
		Sent	Rec'd	Sent	Rec'd			
SCP 2005 C21 045 LLC PO Box 2440 Spokane WA 99210-2440	8/25/25							8/8/25
Diane Durand CVS Licensing Dept 1 CVS Drive Mail Drop 23062A Woonsocket RI 02895		8/25/25						8/8/25
University St Paul CVS LLC c/o CVS Corporation 1 CVS Drive Woonsocket RI 02895		8/25/25	8/29/25					8/8/25
Wells Fargo Bank NA 299 S Main Street MAC: U1228-120 - 12 th Floor Salt Lake City UT 84111		8/25/25	9/2/25					8/8/25
Email: Jonathan.Shumrak@CVSHealth.com	8/25/25							8/8/25
Hamline Midway Coalition District 11							8/25/25	

Publication Dates: **August 28 and September 1, 2025**

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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.		A. Signature ☒ Victor Daveiga ☐ Agent ☐ Addressee	
1. Article Addressed to: University St Paul CVS LLC c/o CVS Corporation 1 CVS Drive Woonsocket RI 02895		B. Received by (Printed Name) AUG 29 2005	C. Date of Delivery
2. Article Number (Transfer from service label) 7014 2870 0002 0480 1578		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No <i>Victor Daveiga</i>	
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		4th Oneilling	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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.		A. Signature ☒ <i>[Signature]</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: Wells Fargo Bank NA 299 S Main Street MAC: U1228-120 - 12th Floor Salt Lake City UT 84111		B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery 9/10/25
2. Article Number (Transfer from service label) 7014 2870 0002 0480 1561		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		4th Oneilling	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	