

**HEARING NOTIFICATION LISTING SERVICE - 694 SHERBURNE AVE**

Legislative Hearing: **Tuesday, April 26, 2022**

Publication Dates: **March 31 & April 4, 2022**

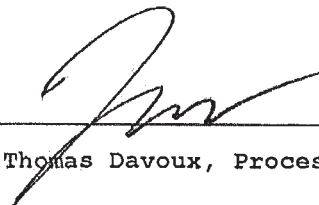
City Council Hearing: **Wednesday, May 25, 2022**

Owners, Interested Parties, etc.	US Mail	CERTIFIED MAIL		PERSONAL SERVICE		Resolution Mail Date	ENS Posting Date	OTA Mail Date
		Sent	Received	Sent	Received			
Ying Moua and Tia Lee 152 Jessamine Ave E St Paul MN 55117-5016	3/25/22			3/25/22	3/29/22			10/18/21
Tia Lee 878 Aurora Ave St Paul MN 55104-4739		3/25/22						10/18/21
Wells Fargo NA 1379 Phalen Blvd St Paul MN 55106		3/25/22	3/28/22					10/18/21
Frogtown Neighborhood Association							3/25/22	

State of Minnesota }  
County of Hennepin }

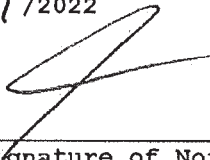
Affidavit of Service

Thomas Davoux, being duly sworn, on oath says that on Tuesday, March 29, 2022 at 6:18 PM he served the Notice of Public Hearings upon Ying Moua, therein named, personally at 152 Jessamine Avenue East, Saint Paul, MN 55117, by handing to and leaving with Steven Kue, son, a person of suitable age and discretion then and there residing at 152 Jessamine Avenue East, Saint Paul, MN 55117, the usual abode of said Ying Moua, a true and correct copy thereof.

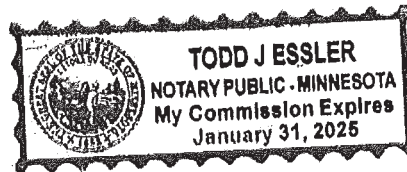
  
3/29/2022  
Thomas Davoux, Process Server

Subscribed and Sworn to before me on

3/29/2022



(Signature of Notary)



Drafted By

Metro Legal Services  
330 2nd Avenue S #150  
Minneapolis, MN 55401  
612-332-0202



\*2529772 - 1\*

RE: 694 Sherburne Avenue

  
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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:  
  
Wells Fargo NA  
1379 Phalen Blvd  
St Paul MN 55106



9590 9402 4439 8248 1249 33

2. Article Number (Transfer from service label)

7007 3020 0000 0177 9322

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*CH*

Agent

Addressee

B. Received by (Printed Name)

*CH*

C. Date of Delivery.

*3/28*

D. Is delivery address different from item 1? If YES, enter delivery address below:

Yes

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

*CH*

Domestic Return Receipt