

HEARING NOTIFICATION LISTING SERVICE - 2120 ROSE AVE E

Legislative Hearing: **Tuesday, February 28, 2023**

Publication Dates: **February 2 and 6, 2023**

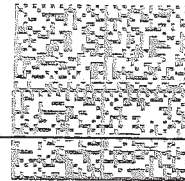
City Council Hearing: **Wednesday, April 5, 2023**

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 <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	

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



CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS



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FIRST-CLASS MAIL
IM1
\$000.60⁰⁰
01/27/2023 ZIP 55101
043M31224113

US POSTAGE

*Code
Enforcement*

Received
FEB 7 2023

Novad Management Consulting
Lucille Liepolt
2401 NW 23rd St Ste 1a1
City of Saint Paul - DSI

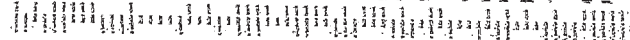
NIXIE 553 FE 1 0002/02/23

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

04000203780001150

ANK

BC: 55101180670 *0278-06314-02-22



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD HERE TO OPEN.

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X

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

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

Domestic Return Receipt

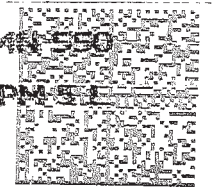
CERTIFIED MAIL™



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



SAINT PAUL MN 55101
 16 FEB 2023 PM 5:1



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 FIRST-CLASS MAIL
 IMI
 \$008.10⁰
 01/27/2023 ZIP 55101
 043M31224113

US POSTAGE

NSW

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

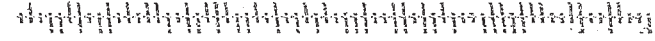
St NIXIE 559 CE 1 2282/02/23

RETURN TO SENDER
 VACANT
 UNABLE TO FORWARD

VAC

MANUAL PROC REQ *1378-00093-30-10

5699870999



PSN 7530-02-000-9053

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 COUW 19* Agent
 Addressee

B. Received by (Printed Name) *RC COUW 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

? 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 *Jane* Agent
 Addressee

B. Received by (Printed Name) *Jane* 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

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:

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 *[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:

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 *[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

- | | |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| <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