

HEARING NOTIFICATION LISTING SERVICE - 1082 LOEB ST

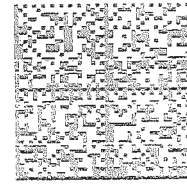
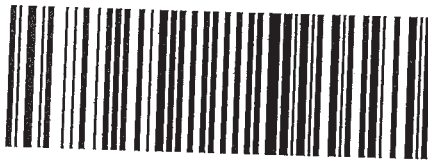
Legislative Hearing: **Tuesday, February 14, 2023**

Publication Dates: **January 19 and 23, 2023**

City Council Hearing: **Wednesday, March 22, 2023**

Owners, Interested Parties, etc.	US Mail	CERTIFIED MAIL		PERSONAL SERVICE		Resolution Mail Date	ENS Posting Date	OTA Mail Date
		Sent	Received	Sent	Received			
Darlene I Helen 1082 Loeb St St Paul MN 55117-4728	1/13/23 <i>Returned</i>	1/13/23 <i>Returned</i>						12/12/22
Minnesota Housing Finance Agency c/o US Bank National Association 4801 Frederica St Owensboro KY 42301		1/13/23	1/17/23					12/12/22
Michael Schleisman Halliday, Watkins & Mann PC 101 Fifth Street E Suite 2626 Saint Paul MN 55101		1/13/23						12/12/22
Altisource Portfolio Solutions 7730 Market Center Ave Suite 100 El Paso TX 79912		1/13/23						12/12/22
North End Neighborhood Organization							1/13/23	

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



quadrant
FIRST-CLASS MAIL
IMI
\$007.82⁰
01/13/2023 ZIP 55101
043M31224113

US POSTAGE



CITY OF SAINT P
DEPARTMENT OF SAFETY AND INSPECTIONS
7007 3020 0000 0177 5454

Received

Darlene I Helen
1082 Loeb S
St Paul MN

-R-T-S- 551174024-1N 009 01/27/23

City of Saint Paul - DSI

RETURN TO SENDER
UNABLE TO FORWARD
UNABLE TO FORWARD
RETURN TO SENDER

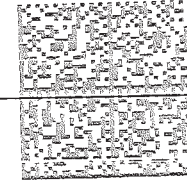
MAINT

ST PAUL MN 55101



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

Steve M.



quadrant
FIRST-CLASS MAIL
IMI
\$000.57²
01/13/2023 ZIP 55101
043M31224113

US POSTAGE



CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS

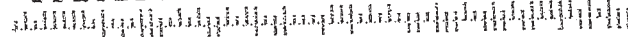
Darlene I Helen
1082 Loeb St
St Paul MN 55117 4720

MIKIE SEE ME 1 0001/28/23

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

POSTNET

EC: 55101253700 *2078-01364-14-01



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.

Minnesota Housing Finance Agency
 c/o US Bank National Association
 4801 Frederica St
 Owensboro KY 42301




9590 9402 4439 8248 1230 73

2. Article Number (Transfer from service label)
 7007 3020 0000 0177 5447

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) *Erin D. Ho* C. Date of Delivery *1-17-27*

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 | |
- 1886 628*

Domestic Return Receipt