HEARING NOTIFICTION 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 – 12th 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 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:

University St Paul CVS LLC
c/o CVS Corporation
1 CVS Drive
Woonsocket RI 02895

9590 9402 5834 0038 9635 08

2. Article Number *(Transfer from service label)*

7014 2870 0002 0480 1578

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Victor Daveiga ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* AUG 29 2025 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
- ☐ Mail Restricted Delivery $500)
- ☐ 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

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:

Wells Fargo Bank NA
299 S Main Street
MAC: U1228-120 – 12th Floor
Salt Lake City UT 84111

9590 9402 5834 0038 9634 92

2. Article Number *(Transfer from service label)*

7014 2870 0002 0480 1561

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* V Lopez C. Date of Delivery 9/04/25

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
- ☐ Restricted Delivery
- ☐ 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