

**HEARING NOTIFICATION LISTING SERVICE - 1366 FREMONT AVE**Legislative Hearing: **Tuesday, September 27, 2022**Publication Dates: **September 1 and 6, 2022**City Council Hearing: **Wednesday, October 26, 2022**

| Owners, Interested Parties, etc.                                                              | US Mail                                | CERTIFIED MAIL                         |          | PERSONAL SERVICE |          | Resolution Mail Date | ENS Posting Date | OTA Mail Date |
|-----------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|----------|------------------|----------|----------------------|------------------|---------------|
|                                                                                               |                                        | Sent                                   | Received | Sent             | Received |                      |                  |               |
| Betty J Luna<br>1366 Fremont Ave<br>St Paul MN 55106-5305                                     | <i>Returned<br/>8/26/22<br/>vacant</i> | <i>Returned<br/>8/26/22<br/>9/6/22</i> |          |                  |          |                      |                  | 7/26/22       |
| Wells Fargo Bank, NA<br>1 Home Campus, MAC F0012-01G<br>Des Moines, IA 50328                  |                                        | 8/26/22                                | 8/23/22  |                  |          |                      |                  | 7/26/22       |
| Samuel Coleman<br>Trott Law PC<br>25 Dale Street N<br>St Paul MN 55102                        |                                        | 8/26/22                                | 9/6/22   |                  |          |                      |                  | 7/26/22       |
| Citibank NA<br>388 Greenwich St 14 <sup>th</sup> Floor<br>New York NY 10013                   |                                        | 8/26/22                                |          |                  |          |                      |                  | 7/26/22       |
| Meridian Asset Services LLC<br>3201 34 <sup>th</sup> St S Suite 310<br>St Petersburg FL 33711 |                                        | 8/26/22                                | 8/30/22  |                  |          |                      |                  | 7/26/22       |
| United Asset Management LLC<br>18682 Beach Blvd Suite 250<br>Huntington Beach CA 92648        |                                        | 8/26/22                                | 8/30/22  |                  |          |                      |                  | 7/26/22       |
| Dayton's Bluff Community Council                                                              |                                        |                                        |          |                  |          |                      | 8/26/22          |               |

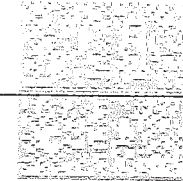
VAC

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

Steve M



CITY OF SAINT PAUL  
DEPARTMENT OF SAFETY AND INSPECTIONS



Quadrant  
FIRST-CLASS MAIL  
\$000.57  
08/26/2020 ZIP 55101  
243163124113

USPS

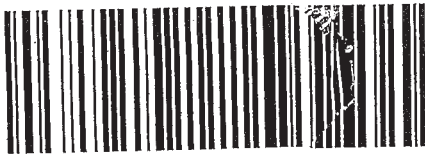
Betty J Luna  
1366 Fremont Ave  
St Paul MN 55106-5305

NIXIE 111 DE 2 0000/01/22

RETURN TO SENDER  
VACANT  
UNABLE TO FORWARD

VAC  
55101-1806

BC: 55101180670 \*2878-05723-01-22



7007 3020 0000 0177 5089



375  
Sackson

Received

SEP 13 2022

City of Saint Paul - DSI

INSPECTIONS

-R-T-S- 551063052-1N 009 09/06/22

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD  
RETURN TO SENDER

00000000  
FIRST-CLASS MAIL  
\$007.82  
08/26/2022 ZIP 55101  
040M310241113

| COMPLETE THIS SECTION ON DELIVERY                                                                                                                            |  | SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>A. Signature</b><br><input checked="" type="checkbox"/> Agent<br><input type="checkbox"/> Addressee                                                       |  | <b>1. Article Addressed to:</b><br>■ Print your name and address on the reverse so that we can return the card to you.<br>■ Attach this card to the back of the mailpiece, or on the front if space permits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>B. Received by (Printed Name)</b><br>C. Date of Delivery                                                                                                  |  | <b>2. Article Number (Transfer from service label)</b><br>9590 9402 4439 8248 1235 16<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>D. Is delivery address different from item 1?</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If YES, enter delivery address below: |  | <b>3. Service Type</b><br><input type="checkbox"/> Adult Signature<br><input type="checkbox"/> Adult Signature Restricted Delivery<br><input checked="" type="checkbox"/> Certified Mail®<br><input type="checkbox"/> Certified Mail Restricted Delivery<br><input type="checkbox"/> Collect on Delivery<br><input type="checkbox"/> Collect on Delivery Restricted Delivery<br><input type="checkbox"/> Insured Mail<br><input type="checkbox"/> Registered Mail<br><input type="checkbox"/> Registered Mail Restricted Delivery<br><input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Signature Confirmation<br><input type="checkbox"/> Signature Confirmation Restricted Delivery<br><input type="checkbox"/> Priority Mail Express® |  |
| <b>Domestic Return Receipt</b><br>PS Form 3811, July 2015 PSN 7530-02-000-9053                                                                               |  | <b>4. Article Addressed to:</b><br>Betty J Luna<br>1366 Fremont Ave<br>St Paul MN 55106-5305                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

## 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.

Wells Fargo Bank, NA  
1 Home Campus, MAC F0012-01G  
Des Moines, IA 50328



9590 9402 4439 8248 1245 68

2. Article Number (Transfer from service label)

7007 3020 0000 0177 5034

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

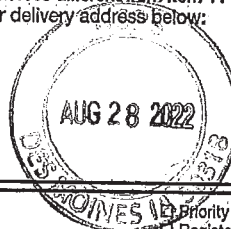
X

☐ Agent  
☒ Addressee

B. Received by (Printed Name)

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
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

all Restricted Delivery

Domestic Return Receipt

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1. Article Addressed to:

Samuel Coleman  
Trott Law PC  
25 Dale Street N  
St Paul MN 55102



9590 9402 4439 8248 1235 47

2. Article Number (Transfer from service label)

7007 3020 0000 0177 5041

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

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

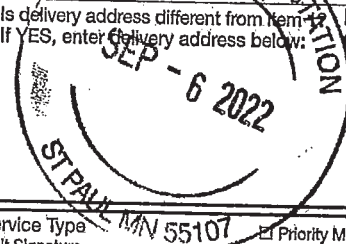
X

☐ Agent  
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No



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- ☐ 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

all Restricted Delivery

Domestic Return Receipt

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Meridian Asset Services LLC  
3201 34th St S Suite 310  
St Petersburg FL 33711



9590 9402 4439 8248 1235 30

2. Article Number (Transfer from service label)

7007 3020 0000 0177 5065

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- ☐ Agent  
☐ Addressee

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C. Date of Delivery:

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If YES, enter delivery address below: ☐ No

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☐ Certified Mail Restricted Delivery  
☐ Collect on Delivery  
☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☒ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt

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1. Article Addressed to:

United Asset Management LLC  
18682 Beach Blvd Suite 250  
Huntington Beach CA 92648



9590 9402 4439 8248 1235 23

2. Article Number (Transfer from service label)

7007 3020 0000 0177 5072

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)

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

- ☐ Priority Mail Express®  
☐ Registered Mail™  
☐ Registered Mail Restricted Delivery  
☒ Return Receipt for Merchandise  
☐ Signature Confirmation™  
☐ Signature Confirmation Restricted Delivery

Restricted Delivery

Domestic Return Receipt