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 1366 Fremont Ave St Paul MN 55106-5305	Returned 8/26/22 Vacant	Returned 8/26/22 9/6/22						7/26/22
Wells Fargo Bank, NA 1 Home Campus, MAC F0012-01G Des Moines, IA 50328		8/26/22	8/29/22					7/26/22
Samuel Coleman Trott Law PC 25 Dale Street N St Paul MN 55102		8/26/22	9/6/22					7/26/22
Citibank NA 388 Greenwhich St 14th Floor New York NY 10013		8/26/22						7/26/22
Meridian Asset Services LLC 3201 34th St S Suite 310 St Petersburg FL 33711		8/26/22	8/30/22					7/26/22
United Asset Management LLC 18682 Beach Blvd Suite 250 Huntington Beach CA 92648		8/26/22	8/30/22					7/26/22
Dayton's Bluff Community Council							8/26/22	

lsps.dot60191

VAC

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

Steve M.

CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS

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

7007 3020 0000 0177 5089

...NSPECTIONS

FIRST-CLASS MAIL

$007.82

08/26/2022 ZIP 55101

043M31224113

UNC

375 Jackson

Received

SEP 13 2022

City of Saint Paul - DSI

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

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
RETURN TO SENDER

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:

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

9590 9402 4439 8248 1235 16

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

7007 3020 0000 0177 5089

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

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

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.

1

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jamin Wetherell ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* Jamin Wetherell C. Date of Delivery

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

AUG 28 2022
DES MOINES IA 503

3. Service Type

☐ Adult Signature	☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery	☐ Registered Mail™
☑ Certified Mail®	☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery	☑ Return Receipt for Merchandise
☐ Collect on Delivery	☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery
☐ Insured Mail	
☐ ...ail Restricted Delivery	

Blake Fremont

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

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

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

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

SEP - 6 2022
ST PAUL MN 55107

3. Service Type

☐ Adult Signature	☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery	☐ Registered Mail™
☑ Certified Mail®	☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery	☑ Return Receipt for Merchandise
☐ Collect on Delivery	☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery	☐ Signature Confirmation Restricted Delivery
☐ Insured Mail	
☐ ...ail Restricted Delivery	

Blake Fremont

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

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
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ 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

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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:

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

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
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ 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