

**HEARING NOTIFICATION LISTING SERVICE - 59 KING ST E**

Legislative Hearing: **Tuesday, January 16, 2024**

Publication Dates: **December 21 and 26, 2023**

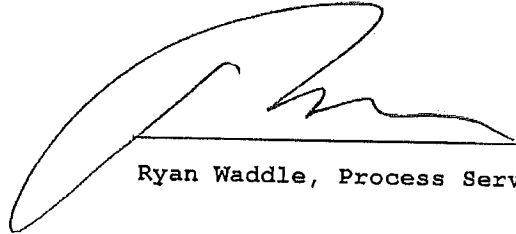
City Council Hearing: **Wednesday, February 21, 2024**

Owners, Interested Parties, etc.	US Mail	CERTIFIED MAIL		PERSONAL SERVICE		Resolution Mail Date	ENS Posting Date	OTA Mail Date
		Sent	Received	Sent	Received			
Alisher Musinov 5008 W 109th St Bloomington MN 55437-3008	12/15/23			12/15/23	1/4/24			10/25/23
Allied Funding LLC 3109 W 50 <sup>th</sup> St Suite 130 Minneapolis MN 55410		12/15/23	12/17/23					12/15/23
West Side Community Organization							12/15/23	

State of Minnesota }  
County of Hennepin }

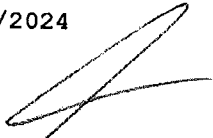
Affidavit of Service

Ryan Waddle, being duly sworn, on oath says that on Thursday, January 4, 2024 at 8:40 PM he served the Notice of Public Hearings upon Alisher Musinov, therein named, personally at 5008 West 109th Street, Bloomington, MN 55437, by handing to and leaving with Mustari Musinov, wife, a person of suitable age and discretion then and there residing at 5008 West 109th Street, Bloomington, MN 55437, the usual abode of said Alisher Musinov, a true and correct copy thereof.

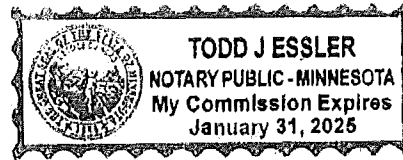
 1/14/2024  
Ryan Waddle, Process Server

Subscribed and Sworn to before me on

1/14/2024



(Signature of Notary)



Drafted By

Metro Legal Services  
616 South 3rd Street  
Minneapolis, MN 55415-1104  
612-332-0202



2639050-1\*



616 South 3rd Street  
Minneapolis, MN 55415-1104  
(800) 488-8994  
www.metrolegal.com

**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:  
  
Allied Funding LLC  
3109 W 50th St Suite 130  
Minneapolis MN 55410



9590 9402 7237 1284 9469 84

2. Article Number (Transfer from service label)  
7007 3020 0000 0177 6451

PS Form 3811, July 2020 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Sam Alci*  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  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Signature Confirmation™  
 Collect on Delivery  Signature Confirmation Restricted Delivery  
 Collect on Delivery Restricted Delivery  Insured Mail  
 Mail Restricted Delivery

Domestic Return Receipt

*SA King*