HEARING NOTIFICATION LISTING SERVICE - 1213 WOODBRIDGE ST

Legislative Hearing: **Tuesday, August 8, 2023** **Publication Dates: July 13 and 17, 2023**

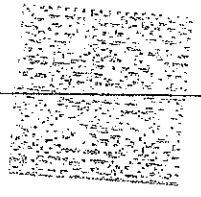
City Council Hearing: **Wednesday, September 13, 2023**

Owners, Interested Parties, etc.	US Mail	CERTIFIED MAIL		PERSONAL SERVICE		Resolution Mail Date	ENS Posting Date	OTA Mail Date
		Sent	Received	Sent	Received			
Andrea Christine Roark 1213 Woodbridge St St Paul MN 55117-4443	7/7/23 Returned							6/1/23
PennyMac Loan Services LLC 3043 Townsgate Road, Suite 200 Westlake Village CA 91361		7/7/23	7/11/23					6/1/23
MERS PO Box 2026 Flint MI 48501-2026	7/7/23							6/1/23
Wilford Geske & Cook PA 7616 Currell Blvd Suite 200 Woodbury MN 55125-2296		7/7/23	7/10/23					6/1/23
Secretary of Housing and Urban Dev 451 Seventh St SW Washington DC 20410		7/7/23						6/1/23
Restoration Professionals Inc 505 Minnehaha Ave W St Paul MN 55106		7/7/23	7/11/23					6/1/23
North End Neighborhood Organization							7/7/23	

lsps.dot60191

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

CITY OF SAINT PAUL
DEPARTMENT OF SAFETY AND INSPECTIONS



Hearing
Steve M.

Received
JUL 1 2023

Andrea Christine Roark
1213 Woodbridge St

City of Saint Paul - DSI

NIXIE 553 DE 1 0007/13/23
RETURN TO SENDER
VACANT
UNABLE TO FORWARD

VAC BC: 55101180670 *1478-05060-08-01
55101131806

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:

RennyMac Loan Services LLC
3043 Townsgate Road, Suite 200
Westlake Village CA 91361

9590 9402 4439 8248 1228 54

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

7007 3020 0000 0177 5980

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* [illegible] C. Date of Delivery 7/11/23

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

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:

Michael Sauer
Wilford Geske & Cook PA
7616 Cu ell Blvd Suite 200
Woodbury MN 55125-2296

9590 9402 4439 8248 1228 47

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

7007 3020 0000 0177 5973

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 Restricte 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:

Restoration Professionals Inc
505 Minnehaha Ave W
St Paul MN 55106

9590 9402 4439 8248 1228 61

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

7007 3020 0000 0177 5997

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X P.V. [illegible] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* J. DAVIS C. Date of Delivery

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

ST PAUL, MN 551

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
Mail
Mail Restricted Delivery
00)
☐ 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