**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<br>5008 W 109th St<br>Bloomington MN 55437-3008 | **12/15/23** | | | **12/15/23** | 1/4/24 | | | **10/25/23** |
| Allied Funding LLC<br>3109 W 50th St Suite 130<br>Minneapolis MN 55410 | | **12/15/23** | 12/17/23 | | | | | **12/15/23** |
| West Side Community Organization | | | | | | | **12/15/23** | |

lsps.dot60191

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 / 4 /2024

Ryan Waddle, Process Server

Subscribed and Sworn to before me on

1 / 4 /2024

(Signature of Notary)

TODD J ESSLER
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2025

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

"2639050 - 1"

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**ENDER: 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

**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
- ☐ Insured Mail
- ☐ Priority Mail Express®
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- ☐ Registered Mail Restricted Delivery
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery
0)

59 Kmg

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