

HEARING NOTIFICATION LISTING SERVICE - 59 KING ST E

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

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

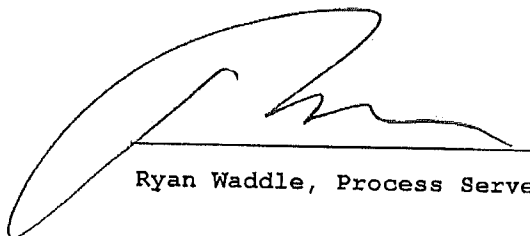
City Council Hearing: **Wednesday, February 21, 2024**

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 th 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

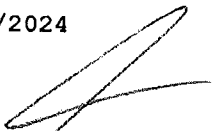
Affidavit of Service

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.

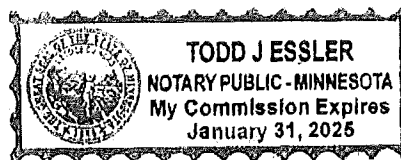
 1 / 4 / 2024
Ryan Waddle, Process Server

Subscribed and Sworn to before me on

1 / 4 / 2024



(Signature of Notary)



Drafted By

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



2639050-1

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY															
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		A. Signature ☒ <i>SA King</i> ☐ 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															
Barcode: 9590 9402 7237 1284 9469 84 2. Article Number (Transfer from service label) 7007 3020 0000 0177 6451		3. Service Type <table border="0"><tr><td>☐ Adult Signature</td><td>☐ Priority Mail Express®</td></tr><tr><td>☐ Adult Signature Restricted Delivery</td><td>☐ Registered Mail™</td></tr><tr><td>☒ Certified Mail®</td><td>☐ Registered Mail Restricted Delivery</td></tr><tr><td>☐ Certified Mail Restricted Delivery</td><td>☒ Signature Confirmation™</td></tr><tr><td>☐ Collect on Delivery</td><td>☐ Signature Confirmation Restricted Delivery</td></tr><tr><td>☐ Collect on Delivery Restricted Delivery</td><td></td></tr><tr><td>☐ Insured Mail</td><td></td></tr></table> Mail Restricted Delivery <i>SA King</i>		☐ 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	
☐ 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																	

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

Domestic Return Receipt