

**MINERAL RIGHTS CERTIFICATION:**

I, Tamara Baxter of N.E.S. Inc. researched the records of the El Paso County Clerk and Recorder and established that there was was not a mineral estate owner(s) on the real property known as 7205 Main Lane (Tax ID 5308000048). An initial public hearing on TBD, which is the subject of the hearing, is scheduled for \_\_\_\_\_, 2017.

Pursuant to §24-65.5-103(4), C.R.S., I certify that a Notice of an initial public hearing was mailed to the mineral estate owner(s) (if established above) and a copy was mailed to the El Paso County Planning Department on NA, 2017.

Dated this 20 day of Oct, 2017.

STATE OF COLORADO    )  
  ) s.s.  
COUNTY OF EL PASO    )

The foregoing certification was acknowledged before me this 20 day of October, 2017, by Tamara Baxter.

Witness my hand and official seal.

My Commission Expires: June 17, 2018

Carol E. Smith

Notary Public  
CAROL E SMITH  
NOTARY PUBLIC  
STATE OF COLORADO  
NOTARY ID 19874188481  
MY COMMISSION EXPIRES JUNE 17, 2018

Mineral Right Owners

**Schedule No: 9900102964**

**Owner Name: LUEKING JAMES B LIVING TRUST  
LUEKING JAMES B TRUSTEE**

**Location: WOODMEN RD**

**Mailing Address: PO BOX 164 OXFORD NE 68967-0164**

**Schedule No: 9900102965**

**Owner Name: LUEKING CLYDE F**

**Location: WOODMEN RD**

**Mailing Address: 2105 SPALDING DR HOLDREGE NE 68949-1035**

**Schedule No: 9900102966**

**Owner Name: LUEKING JERRY**

**Location: WOODMEN RD**

**Mailing Address: 72056 A RD OXFORD NE 68967-2003**

**Schedule No: 9900102967**

**Owner Name: THAYN ROBBIN**

**Location: WOODMEN RD**

**Mailing Address: 71363 ACORN RD OXFORD NE 68967-2053**

**Schedule No: 9900102968**

**Owner Name: DIETZ AUGUSTA PERCIVAL**

**Location: WOODMEN RD**

**Mailing Address: 43652 ROAD 718 OXFORD NE 68967-2733**

**Schedule No: 9900102969**

**Owner Name: PERCIVAL TRAVIS**

**Location: WOODMEN RD**

**Mailing Address: 43640 ROAD 718 OXFORD NE 68967-2733**

October 24, 2017

Dear Adjacent Property Owner:

This letter is being sent to you because Mountain Splendor Services is proposing a land use project in El Paso County at the referenced location below. This information is being provided to you prior to submittal with El Paso County. Please direct any questions on the proposal to the referenced contact(s). Prior to any public hearing on this proposal a notification of the time and place of the public hearing will be sent to the adjacent property owners by the El Paso County Planning Department. At that time you will be given the El Paso County contact information, the file number and an opportunity to respond either for, against, or expressing no opinion in writing or in person at the public hearing for this proposal.

For questions specific to the project, please contact:

Tamara Baxter  
N.E.S. Inc.  
619 North Cascade Avenue, Suite 200  
Colorado Springs, CO 80903  
719-471-0073

Request/Justification: The request to the County is for the following:

- A Variance of Use in the Agricultural Zone District (A-5) for a service establishment – Landscape Business, related tree nursery, and landscape equipment and material yard.

Location	7205 Maine Lane
Existing Zoning	A-5
Vicinity Map	Attached

Vicinity Map



7016 1970 0000 8634 2848

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Certified Mail Fee	\$ 3.35
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 2.75
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ .46
Total Postage and Fees	\$ 6.56

Postmark Here  
1 2017

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PERCIVAL TRAVIS  
 43640 ROAD 718 OXFORD NE  
 68967-2733

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<input type="checkbox"/> Return Receipt (electronic)	\$
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<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ .46
Total Postage and Fees	\$ 6.56

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LUEKING JERRY  
 72056 A RD  
 OXFORD NE 68967-2003

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DIETZ AUGUSTA PERCIVAL  
 43652 ROAD 718  
 OXFORD NE 68967-2733

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<input type="checkbox"/> Adult Signature Restricted Delivery	\$
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Total Postage and Fees	\$ 6.56

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LUEKING CLYDE F  
 2105 SPALDING DR  
 HOLDREGE NE 68949-1035

Instructions

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Total Postage and Fees	\$ 6.56

Postmark Here  
DEC - 1 2017

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LUEKING JAMES B LIVING TRUST  
 LUEKING JAMES B TRUSTEE  
 PO BOX 164 OXFORD NE 68967-0164

Instructions

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DEC - 1 2017

Sent To  
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 City, State  
 PS Form

THAYN ROBBIN  
 71363 ACORN RD  
 OXFORD NE 68967-2053

Instructions

**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:

LUEKING CLYDE F  
2105 SPALDING DR  
HOLDREGE NE 68949-1035



9590 9402 3064 7124 9522 74

2. Article Number (Transfer from carrier label)  
7016 1970 0000 8634 2824

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Walter Lueking*  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 (over \$500)
  Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LUEKING JERRY  
72056 A RD  
OXFORD NE 68967-2003



9590 9402 3064 7124 9522 50

2. Article Number (Transfer from carrier label)  
7016 1970 0000 8634 2848

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Jerry Lueking*  Agent  Addressee

B. Received by (Printed Name) *Jerry Lueking* C. Date of Delivery *07 Dec*

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 (over \$500)
  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

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

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

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1. Article Addressed to:

THAYN ROBBIN  
71363 ACORN RD  
OXFORD NE 68967-2053



9590 9402 3064 7124 9522 98

2. Article Number (Transfer from carrier label)  
7016 1970 0000 8634 2800

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Jessica Percival*  Agent  Addressee

B. Received by (Printed Name) *Jessica Percival* C. Date of Delivery *04-Dec-17*

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 (over \$500)
  Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

**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:

DIETZ AUGUSTA PERCIVAL  
43652 ROAD 718 OXFORD NE  
68967-2733



9590 9402 3064 7124 9522 67

2. Article Number (Transfer from carrier label)  
7016 1970 0000 8634 2831

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Doug Percival*  Agent  Addressee

B. Received by (Printed Name) *Doug Percival* C. Date of Delivery *Dec 04*

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 (over \$500)
  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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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PERCIVAL TRAVIS  
43640 ROAD 718  
OXFORD NE 68967-2733



9590 9402 3064 7124 9522 43

2. Article Number (Transfer from carrier label)  
7016 1970 0000 8634 2862

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Travis Percival*  Agent  Addressee

B. Received by (Printed Name) *Travis Percival* C. Date of Delivery *04 Dec*

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 (over \$500)
  Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

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

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1. Article Addressed to:

LUEKING JAMES B LIVING TRUST  
LUEKING JAMES B TRUSTEE  
PO BOX 164 OXFORD NE 68967-0164



9590 9402 3064 7124 9522 81

2. Article Number (Transfer from service label)

7016 1970 0000 8634 2817

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Nicholas Holste*

- Agent
- Addressee

B. Received by (Printed Name)

*Nicholas Holste*

C. Date of Delivery

*12-6-17*

- 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 (over \$500)
- 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