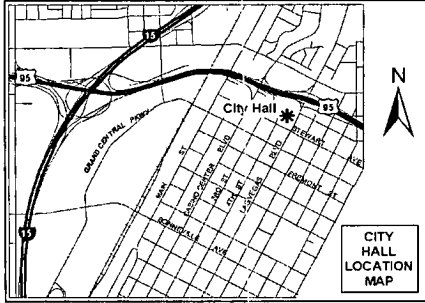


City of Las Vegas  
Office Of The City Clerk  
400 Stewart Avenue  
Las Vegas, Nevada 89101

**Return Service Requested**  
**Official Notice of Public Hearing**



If you wish to file your protest or support on this request, check the appropriate box below and return this card in an envelope with postage to the Office Of The City Clerk at the address listed above or fax this side of this card to (702) 382-4803. If you would like to contact your Council Representative, please call (702) 229-6405.

☐

I SUPPORT  
this Request

☐

I OPPOSE  
this Request

Please use available blank space on card for your comments.

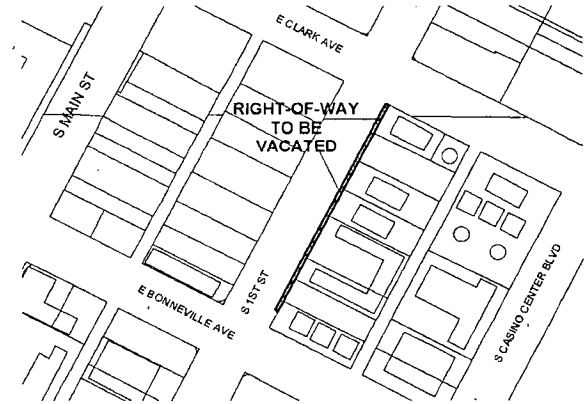
**VAC-37884**

City Council Meeting of 7/7/2010

## Application Information

VAC-37884 - APPLICANT: FC VEGAS 39, LLC - OWNER: FC VEGAS 39, LLC, ET AL - Petition to Vacate the east six feet of public right-of-way commonly known as First Street and located between Clark Avenue and Bonneville Avenue, Ward 3 (Reese)

## Application Location



The proposed project may not pertain to the entire highlighted project site.

## Public Hearing Information

**Meeting:** City Council  
**Date:** *July 7, 2010*  
**Time:** 1:00 P.M.  
**Location:** City Council Chambers  
400 Stewart Avenue  
Las Vegas, Nevada

Any and all interested persons may appear and be heard at said meeting, or may, prior thereto, file written objections thereto or approvals thereof with the City Clerk, 1st Floor, City Hall, 400 Stewart Avenue, Las Vegas, Nevada, 89101. For further information, including the full staff report, please call (702) 229-6311 (TDD 386-9108) or go to <http://www.lasvegasnevada.gov>.

STAPLES

label size 1" x 2 5/8" compatible with Avery®5160/8160  
Étiquette de format 25 mm x 67 mm compatible avec Avery®5160/8160

13934311027 Case: VAC-37884  
LIVEWORK L L C ETAL  
%FOREST CITY RE TAX DEPT  
P O BOX 94877  
CLEVELAND OH 44101-4877

7007 0220 0003 8878 6354

07/07/2010 VAC-37884

Mr. Dimitri Vazelakis  
FC Vegas-39, LLC  
949-South Hope Street  
Los Angeles, California 90015

7007 0220 0003 8878 6361

07/07/2010 VAC-37884

Ms. Kathy Dancho  
VTN Nevada  
2727 South Rainbow Boulevard  
Las Vegas, Nevada 89146

7007 0220 0003 8878 6385

Mr. David Mitchell  
Live work, LLC  
41 East 60th Street  
New York, New York 10021

7007 0220 0003 8878 6347



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| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                    | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</span><br/> <b>X</b> <i>M. Bloom</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery<br/><b>6-24-10</b></span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>         If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>7/7/10</b><br/>           13934311027 Case: VAC-37884<br/>           LIVEWORK L L C ETAL<br/>           %FOREST CITY RE TAX DEPT<br/>           P O BOX 94877<br/>           CLEVELAND OH 44101-4877         </div>    | <p>3. Service Type<br/> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>                                                                              |
| <p>2. Article Number (Transfer from service label) <span style="float: right;">7007 0220 0003 8878 6354</span></p>                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                            |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                    | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent<br/><input type="checkbox"/> Addressee</span><br/> <b>X</b> <i>HARKINS</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery<br/><b>6/23/10</b></span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>         If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>07/07/2010</b> VAC-37884<br/><br/>           Ms. Kathy Dancho<br/>           VTN Nevada<br/>           2727 South Rainbow Boulevard<br/>           Las Vegas, Nevada 89146         </div>                              | <p>3. Service Type<br/> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>                                                                             |
| <p>2. Article Number (Transfer from service label) <span style="float: right;">7007 0220 0003 8878 6385</span></p>                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                              |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                     |  |
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| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | <p>A. Signature<br/> <input checked="" type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p>                                                                                                                                                                            |  |
| <p>1. Article Addressed to:</p> <p>07/07/2010 VAC-37884</p> <p>Mr. David Mitchell<br/> Livework, LLC<br/> 41 East 60<sup>th</sup> Street<br/> New York, New York 10021</p>                                                                                                                                                 |  | <p>B. Received by (Printed Name)<br/> C. Date of Delivery<br/> 6/25/10</p>                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                            |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input type="checkbox"/> No</p>                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                            |  | <p>3. Service Type<br/> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |  |
| <p>2. Article (Transit)</p>                                                                                                                                                                                                                                                                                                |  | <p><input type="checkbox"/> Yes</p>                                                                                                                                                                                                                                                   |  |
| <p>PS Form 3811, February 2004</p>                                                                                                                                                                                                                                                                                         |  | <p>595-02-M-1540</p>                                                                                                                                                                                                                                                                  |  |

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                              |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                     |  |
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| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | <p>A. Signature<br/> <input checked="" type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p>                                                                                                                                                                            |  |
| <p>1. Article Addressed to:</p> <p>07/07/2010 VAC-37884</p> <p>Mr. Dimitri Vazelakis<br/> FC Vegas 39, LLC<br/> 949 South Hope Street<br/> Los Angeles, California 90015</p>                                                                                                                                               |  | <p>B. Received by (Printed Name)<br/> C. Date of Delivery<br/> Danielle Reed 6-25-10</p>                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                            |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input type="checkbox"/> No</p>                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                            |  | <p>3. Service Type<br/> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |  |
|                                                                                                                                                                                                                                                                                                                            |  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>                                                                                                                                                                                                               |  |
| <p>2. Article Number<br/> (Transfer from service label)</p>                                                                                                                                                                                                                                                                |  | <p>7007 0220 0003 8878 6361</p>                                                                                                                                                                                                                                                       |  |
| <p>PS Form 3811, February 2004</p>                                                                                                                                                                                                                                                                                         |  | <p>Domestic Return Receipt 102595-02-M-1540</p>                                                                                                                                                                                                                                       |  |