

**BEFORE THE PUBLIC UTILITIES COMMISSION  
OF THE STATE OF SOUTH DAKOTA**

**In the Matter of the Application by Navigator  
CO2 Ventures LLC for a Permit to Construct  
A Carbon Dioxide Transmission Pipeline**

**APPLICATION  
FOR PARTY STATUS**

**HP22-002**

City of Canton

\_\_\_\_\_, petitions the Public Utilities Commission to be granted party status in  
(Name of applicant. This will be the person or entity named as a party.)

the above-referenced facility permit proceeding, pursuant to SDCL 49-41B-17 and ARSD 20:10:22:40.

Place a check mark next to each item below that applies to you, adding a mileage number for items requiring this. Explain your further interest below. If your submitted form is incomplete, you risk not being granted party status.

\_\_\_\_ I am a person or organization that received official notification via U.S. mail of the project from the siting permit applicant.

\_\_\_\_ I own land within \_\_\_\_ miles of the proposed project.

\_\_\_\_ I reside within \_\_\_\_ miles of the proposed project.

I officially represent a municipal, city, township, county, or other affected governmental agency within 1 miles of the proposed project.

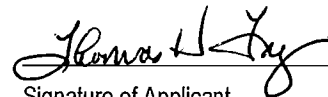
\_\_\_\_ I am directly interested in the proposed project as I explain below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**DEADLINE:**  
Consistent with SDCL 49-41B-17 and ARSD 20:10:22:40, this application must be filed with the Public Utilities Commission on or before 5:00 p.m. CT, November 28, 2022.

File this completed form electronically at <http://puc.sd.gov/EFilingOptions.aspx>

*\*The Commission processes its dockets electronically for time and cost efficiencies. Thus, communication on the docket will be done via email with parties to this docket.*



Signature of Applicant

Thomas H. Frieberg

Print or Type Applicant's Name

115 N. 3rd St, PO Box 511

Applicant's Address, PO Box/St./Ave./Rd.

Beresford, SD 57004

Applicant's Address, City, State, ZIP

605-763-2107

Applicant's Phone Number

tfrieberg@frieberglaw.com

Applicant's E-mail Address\*

Frieberg, Nelson & Ask LLP

Name of Applicant's Organization (if applicable)

11/28/22

Date Signed

*Above fields are required.*

Thomas H. Frieberg

Name of Attorney, if being represented

tfrieberg@frieberglaw.com

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