Print or Type

BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF SOUTH DAKOTA

Print Form

This form is only for persons who wish to be an active party in this docket. You do NOT need to be a party to submit comments.

In the Matter of the Application by SCS Carbon) Transport LLC for a Permit to Construct a Carbon) **Dioxide Transmission Pipeline**

CHARMAYNE LIEBELT

, petitions the Public Utilities Commission to be granted party status in this proceeding.

(Name of Applicant. This will be the person or entity named as a party.)

Place a check mark next to each item below that applies to you, adding a mileage number where requested.

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

I reside within _____ miles of the proposed project. Х

Residential address if different from your mailing address:

13217 384TH AVE, ABERDEEN SD 57401

2821 WEST US HWY 12, ABERDEEN SD 57402 Legal description:

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

Explain your interest in applying for party status below.

I LIVE AND WORK WITHIN 1.25 OF THE KILL ZONE. MY FAMILY, CO-WORKERS AND FUTURE CUSTOMERS OF OUR BUSINESS WILL ALL BE SUBJECTED TO THE POTENTIAL KILL ZONE HAZARDS OF SUMMIT PIPELINE, CARBON CAPTURE PIPELINE IS A ENTIRELY UNNECESSARY EXPENSE OF THE PUBLIC. THE COMMUNITIES, TOWNSHIP, AND COUNTIES HAVE NO EQUIPMENT, TRAINING OR ABILITY TO TO BATTLE THE

Deadline: This application must be filed with the Public Utilities Commission on or before 5:00 p.m. CT, Jan. 24, 2025. File this completed form electronically at puc.sd.gov/EFilingOptions.aspx

APPLICATION FOR PARTY STATUS

HP24-001

This section is to be completed by the person requesting party status. All fields are required.

CHARMAYNE LIEBELT

Applicant's Printed/Typed Name

Charmayne Liebelt Charmayne Liebelt 2025.01.16 14:48:51 -06'00'

Signature of Applicant

Date Signed

Name of Applicant's Organization (if Applicable)

P.O BOX 188, ABERDEEN SD 57402

Applicant's Address (PO Box/St/Ave/Road)

Applicant's Address (City, State, ZIP Code)

605-225-3222

Applicant's Phone Number or, if represented, Applicant's Attorney's Phone Number

CLIEBELT@NVC.NET

Applicant's E-mail Address* or, if represented, Applicant's Attorney's E-mail Address*

The section below is to be completed by the Applicant's attorney, if represented. All fields are required.

Attorney's Printed/Typed Name

Signature of Attorney

Date Signed

Attorney's Address (PO Box/St/Ave/Road)

Attorney's Address (City, State, ZIP Code)

*The Commission processes its dockets electronically for time and cost efficiencies. Communication on the docket will be done via email to parties to this docket. Failure to provide an email address may result in documents being served upon the county auditor rather than sent directly to the party, pursuant to SDCL 49-418

If your submitted form is incomplete, you risk not being granted party status.

JAN 21 2025

SOUTH DAKOTA PUBLIC UTILITIES COMMISSION