Print or Type

BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF SOUTH DAKOTA

PRINT

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**

APPLICATION FOR RECEIVED

HP24-001 IAN 17 2025

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

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.

Residential address if different from your mailing address:

 \checkmark I own land within \circ , 5 miles of the proposed project.

W. Mathews Township N'/2 E 1/2 SW 1/4 and N1/2 SE1/+ 5ection 29-109-56

____ 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 opplise construction: a) carbon diaxide is letted b) property suffered from prior pipeline 5 years ago. -) loss of crop production

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 1

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

O, Thomas Chester Applicant's Printed/Typed Name

Tom Chester 1-10-25 Signature of Applicant Date Signed

Chester Family Living Trust Name of Applicant's Organization (il/Applicable)

5408 Grüsmere Dr. Applicant's Address (PO Box/SU/Ave/Road)

PINAC, TX 75093 Applicant's Address (City, State, ZIP Code)

972 - 396 - 6444 Applicant's Phone Number or, if represented, Applicant's Attorney's Phone Number

tom Karen ch 25 Ter (yahoo, Com plicant'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 49-41B-17.1.

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