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
Dana Bosma (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.
X 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:
X I own land within 1815 miles of the proposed project. Lincoln County Legal description:
Sec/Twp/Rng SE 1/4, 19-99N-50W & N 1/2 NE 1/4 30-99N-50W
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.
As a Lincoln County Landowner and taxpayer, I am vested in protecting the community.

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

Public Utilities Commission to be granted pa	arty status in this proceed
This section is to be completed by t party status. All fields are required.	he person requesting
Dana R. Bosma	
Applicant's Printed/Typed Name	
Dana R. Bosma	12/31/2024
Signature of Applicant	Date Signed
Domina Law Group	
Name of Applicant's Organization (if Applicable)	,
Can be contacted via c	ounsel
Applicant's Address (PO Box/St/Ave/Road)	
Can be contacted via o	ounsel
Applicant's Address (City, State, ZIP Code)	
402-493-4100	
Applicant's Phone Number or, if represented, Applica	nt's Attorney's Phone Number
SDco2@dominalaw.co	m
Applicant's E-mail Address* or, if represented, Applica	nt's Attorney's E-mail Address
The section below is to be complete attorney, if represented. All fields are Brian Jorde / Ryan Cwach	ed by the Applicant's required.
Attorney's Printed/Typed Name	
	12/10/24
Brian C. Jords Signature of Attorney	Date Signed
2425 S. 144th St.	·
Attorney's Address (PO Box/St/Ave/Road)	
Omaha, NE 68144	
Attorney's Address (City, State, ZIP Code)	
*The Commission processes its doc	

*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.