

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

APPLICATION FOR PARTY

RECEIVED

HP24-001

JAN 02 2025

SOUTH DAKOTA PUBLIC UTILITIES COMMISSION

Daniel R. Paulson

(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.

X I reside within 1/2 miles of the proposed project.

Residential address if different from your mailing address:

X I own land within <1/2 miles of the proposed project.

Legal description: 099.49.30.2000,

099.49.19.B100, 099.49.19.E100

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 believe that it is dangerous to place the Summit CO2 pipeline in the proposed location. It is too close to people's homes, schools, etc.

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

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

Daniel R. Paulson

Applicant's Printed/Typed Name

Daniel R. Paulson

Signature of Applicant

12/29/2024

Date Signed

Daniel R + Jillane L Paulson Revocable Trust

Name of Applicant's Organization (if Applicable)

47633 277th Street

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

Harrisburg, SD 57032

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

605-553-0992

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

dpbromst@gmail.com

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 49-41B-17.1.

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