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	1
Transport LLC for a Permit to Construct a Carbon	1
Dioxide Transmission Pipeline	1

TOBIN DUANE DOEDEN_

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 <u>each</u> 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.

__X___I reside within 1 mile of the proposed project.

Residential address if different from your mailing address:

__X___I own land within 1 mile of the proposed project.

Legal description: Lot 2, Doeden First Addition in the Southeast Quarter of Section 24, Township 123 North, Range 65 West of the 5th P.M., Brown County, South Dakota, according to the recorded plat thereof.

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.

Deadline: This application must be filed with the Public Utilities Commission on or before 5:00 p.m. CT, Jan. 24, 2025. File this comple

APPLICATION FOR PARTY STATUS

HP24-001

DEC 16 2024

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

Tobin Doeden___

Applicant's Printed/Typed Name Internet Signature of Applicant Date Signed

Name of Applicant's Organization (if Applicable)

13371 382nd Ave. Applicant's Address (PO Box/St/Ave/Road)

Aberdeen, SD 57401 Applicant's Address (City, State, ZIP Code)

(605) 971-0835 Applicant's Phone Number or, if represented, Applicant's Attorney's Phone Number

mariah@doedeninvestmentgroup.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.

Mariah C. Bloom Attomey's Printed/Typed Name

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

Aberdeen, SD 57401_____ 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.

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