Print or Type

Gail Zeck

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 STATUS RECEIVED

HP24-001

JAN 0 6 2025

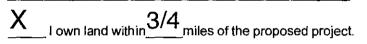
(Name of Applicant. This will be the person or entity named as a party.)

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

Х 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 $\frac{3/4}{1}$ miles of the proposed project. Х

Residential address if different from your mailing address:



Township 123, Range 61, NW 1/4 of Section 31 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.

am affected by the carbon pipeline project so I am submitting this Application for Party Status opposing Summit Carbon Solutions's landgrab for their CO2 pipeline.

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

, petitions the Public Utilities Commission to be granted party status in this proceeding. SOUTH DAKOTA PUBLIC This section is to be completed by the person requesting party status. All fields are required.

Gail Zeck

Applicant's Printed/Typed Name Signature of Applicant

Name of Applicant's Organization (if Applicable)

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

40041 135th Street

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

Groton, SD 57445

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

(605) 252-1504

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

Zeckenvc.net 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

Attomey'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.