

BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF SOUTH DAKOTA

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

HP24-001 RECEIVED

DEC 09 2024

SOUTH DAKOTA PUBLIC UTILITIES COMMISSION

Ben Krohmer

(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.

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 6 miles of the proposed project.

Residential address if different from your mailing address:

507 E 16th Ave, Mitchell, SD 57301

I own land within miles of the proposed project.

Legal description:

X I officially represent a municipal, city, township, county or other affected governmental agency within 0 miles of the proposed project.

Explain your interest in applying for party status below.

I reside within a 6 mile proximity to the project. Also, State Representative District 20. Currently represent the affected Davison, Sanborn, and Miner Counties in the South Dakota Legislature and have concerned constituents along the route.

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.

Ben Krohmer

Applicant's Printed/Typed Name

Signature of Applicant

11/26/24

Date Signed

State Representative, District 20

Name of Applicant's Organization (if Applicable)

PO Box 1087

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

Mitchell, SD 57301

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

605-999-4065

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

ben.krohmer605@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.