

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

JAN 27 2025

Liz Hoffman, petitions the Public Utilities Commission to be granted 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 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.

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

Residential address if different from your mailing address:

_____ I own land within _____ miles of the proposed project.

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.

I live in Artesian, which is 1 1/2 miles from proposed pipeline. I fear the safety of myself & grandchildren when they visit.

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 applicant or party status. All fields are required.

Liz Hoffman
Applicant's Printed/Typed Name

[Signature] 1-23-2025
Signature of Applicant Date Signed

Name of Applicant's Organization (if Applicable)

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

Artesian, SD 57314
Applicant's Address (City, State, ZIP Code)

605 770 4607
Applicant's Phone Number or, if represented, Applicant's Attorney's Phone Number

lhoffman52@hotmail.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.