Print or Type

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	APPLICATION FOR PARTY STATUS HP24-001 RECEIVED
Dioxide Transmission Pipeline Linda L. Poppen (Name of Applicant. This will be the person or entity named as a party.) (Name of Applicant. This will be the person or entity named as a party.)	HP24-001 IAN 2 4 2025 Public Utilities Commission to be granted party status in this proceeding. SOUTH DAKOTA PUBLIC
Place a check mark next to <u>each</u> item below that applies to you, adding a mileage number where requested.	This section is to be completed by the best a completed by the best accompleted by the best accompleted.
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 15 miles of the proposed project.	LINDA L. POPEN Applicant's Printed/Typed Name Signature of Applicant Date Signed
Residential address if different from your mailing address:	Private citizen/Owner Name of Applicant's Organization (if Applicable)
X I own land within 1.5 miles of the proposed project.	19739- H29th Que. Applicant's Address (PO Box/St/Ave/Road)
Legal description: Various lots in Fedora Village Lot, NE 4 Kelffer A-DD 9-106-58 Lot officially represent a municipal, city, township,	Applicant's Address (City, State, ZIP Code) 405-203-3577 Applicant's Phone Number or, if represented, Applicant's Attorney's Phone Number
county or other affected governmental agency within miles of the proposed project.	Linda Poppen 777@ amail. Com Applicant's E-mail Address or if represented, Applicant's Attorney's E-mail Address
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,	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)
	*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

2025. File this completed form electronically at

puc.sd.gov/EFilingOptions.aspx

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.