

**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

Lake County, South Dakota

_____, 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 ____ 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 0 miles of the proposed project.

Explain your interest in applying for party status below.

The proposed project is slated to run through Lake County, South Dakota.

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.**

Kelli Wollmann

Applicant's Printed/Typed Name

Kelli Wollmann 12-30-24
Signature of Applicant Date Signed

Lake County Commission

Name of Applicant's Organization (if Applicable)

200 East Center Street

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

Madison, SD 57042

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

605.256.7600

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

Aaron.McGowan@lake.sd.gov

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.

Aaron McGowan

Attorney's Printed/Typed Name

Aaron McGowan 12-30-24
Signature of Attorney Date Signed

200 East Center Street

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

Madison, SD 57042

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.