

BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF SOUTH DAKOTA

Print or Type

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.

APPLICATION FOR PARTY STATUS

In the Matter of the Application by SCS Carbon Transport LLC for a Permit to Construct a Carbon Dioxide Transmission Pipeline

HP24-001

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

petitions the Public Utilities Commission to be granted party status in this proceeding.

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 1/2 miles of the proposed project.

Legal description: SPINK County
22-119 N - 64 W

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 am concerned about the safety + liability of the pipeline. The cost of water + electricity from the project could have a severe economic impact on the people of 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

If your submitted form is incomplete, you risk not being granted party status.

This section is to be completed by the person requesting party status. All fields are required.

Marty Francoli
Applicant's Printed/Typed Name

Marty Francoli
Signature of Applicant

1-20-2025
Date Signed

Name of Applicant's Organization (if Applicable)

Can be contacted via counsel

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

Can be contacted via counsel

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

402-493-4100

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

SDco2@dominalaw.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.

Brian Jorde / Ryan Gwach

Attorney's Printed/Typed Name

Brian C. Jorde
Signature of Attorney

12/10/24
Date Signed

2425 S. 144th St.

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

Omaha, NE 68144

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.