Print or Type

BEFORE THE PUBLIC UTILITIES COMMISSION 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) Dioxide Transmission Pipeline)

APPLICATION FOR PARTY STATUS

HP24-001

Marne Neiger (Name of Applicant, This wilkbe the person or entity named as a party.)

Place a check mark next to <u>each</u> 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.

 \times I reside within 0.25 miles of the proposed project.

Residential address if different from your mailing address:

14054 373 AVE Mina SD 57451 X I own land within 0.02 miles of the proposed project. Legal description: W/2 Swily, NEIL County Brown Sec/Twp/Rng 30-122-65

_____ 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.

The pipe line runs on 2 sides of my house and right next to my land.

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

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

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

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Signature of Applicant

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 Owach

Attorney's Printed/Typed Name	د معالم میں محمد بھی	
Brian C. Jor	de	12/10/24
Signature of Attorney		Date Signed
2425 S. 144th S	t o god	i i i i i i i i i i i i i i i i i i i
Attomey's Address (PO Box/St/Ave/R	xad)	
Omaha, NE 681	44	
Attorney's Address (City, State, ZIP C	ode)	NAL A LA MARK

*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.