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)

AGM Farms, LLC

APPLICATION FOR PARTY STATUS

HP24-001

(Name of Applicant. This will be 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.

 \underline{X} I reside within $\underline{5}$ miles of the proposed project.

Residential address if different from your mailing address:

X I own land within 3 miles of the proposed project. SW1/4 and S1/2 11 101 51

Legal description:

Wall Lake Township 101-51

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 a lifelong SD resident, live and own property in Minnehaha Cty. I am not currently in the path of the pipieline but that could very easily change as SCS has changed their route many times since inception and as such I could find myself fighting an ed lawsuit of my own. I also have a monetary vested interested as this project is being paid for with MY tax dollars. I also have neighbors that have been directly affected and I support them in their fight against this foreign owned conglomerate.

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.**

Gary E Meyer

Applicant's Printed/Typed Name

Signature of Applicant

Name of Applicant's Organization (if Applicable)

26154 466th Ave

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

Hartford, SD 57033

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

605-553-2576

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

classygrass3@gmail.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.