

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

Rodney and Sherrie Miles Living Trust _____, 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 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: N1/2SE1/4 7-99-50 NW1/4 18-99-50

_____ 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.

| |
|--|
| Safety for my family members and neighbors. |
| County and Township ordinances being ignored by applicant |
| Devaluation of Property Values |
| Unproven technology for anything other than to transfer wealth to large corporate donars and wealthy individuals |
| Financial hardship for those whos tax dollars are the only thing paying for this project to increase their water, electric, fuel & property tax bills. |

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.**

Rodney Miles (Trustee)

Applicant's Printed/Typed Name

Rodney Miles 1-22-25

Signature of Applicant Date Signed

Name of Applicant's Organization (if Applicable)

27530 470th Ave

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

Lennox SD 57039

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

605-530-2092

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

Rod8792@hotmail.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.