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BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF SOUTH DAKOTA

PRINT

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**

HP24-001

APPLICATION FOR PARTY STATUS

MYRON O. HAMMER CREDIT SHELTER

TESTAMENTARY 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 ____ miles of the proposed project. Residential address if different from your mailing address: __ I own land within 3_ miles of the proposed project. Legal description: _ Sec/Twp/Rng _ 18-107-56 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 believe Summit poses a threat of serious injury to the social condition of people in the proposed siting area. 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.

IESSICA HENIUM

Applicant's Printed/Typed Name

/s/ JESSICA HENJUM

1-15-2025

Signature of Applicant

Date Signed

Name of Applicant's Organization (if Applicable)

Can be contacted via counsel

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 Cwach

Attorney's Printed/Typed Name

Brian C. Jords
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.