Print or Type

In the Matter of the Application by SCS Carbon )

Utilities Commission on or before 5:00 p.m. CT, Jan. 24,

2025. File this completed form electronically at

puc.sd.gov/EFilingOptions.aspx

## BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF SOUTH DAKOTA

Print Form

**APPLICATION FOR PARTY STATUS** 

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.

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.

Transport LLC for a Permit to Construct a Carbon Dioxide Transmission Pipeline	HP24-001 RECEIVED
Paula Morgan (Name of Applicant. This will be the person or entity named as a party.)	he Public Utilities Commission to be granted party status in this proceeding.  SOUTH DAKOTA PUBLIC
Place a check mark next to <u>each</u> item below that applies to you, adding a mileage number where requested.	This section is to be completed by The Indes or Pedial Indes of Pedial Indes o
I am a person or organization that received official notification of the project via U.S. mail from the siting permit applicant.	Applicant's Printed/Typed Name
I reside within miles of the proposed project.	Faula Morgan 114 2025 Signature of Applicant Date Signed
Residential address if different from your mailing address:	
	Name of Applicant's Organization (if Applicable)
I own land within miles of the proposed project.	23776 414th Avenue Applicant's Address (PO Box/St/Ave/Road)
Legal description: T106N R59W Sec.28	ArteSian, SD 57314 Applicant's Address (City, State, ZIP Code)
I officially represent a municipal, city, township, county or other affected governmental agency within	605-999-7024 Applicant's Phone Number or, if represented, Applicant's Attorney's Phone Number
miles of the proposed project.	Applicant's E-mail Address* or, if represented, Applicant's Attorney's E-mail Address*
Explain your interest in applying for party status below.	The section below is to be completed by the Applicant's attorney, if represented. All fields are required.
I am concerned about the Welfare of my family as	Attorney's Printed/Typed Name
the Pipeline will be less than	Signature of Attorney Date Signed
I mile from our home.	Attorney's Address (PO Box/St/Ave/Road)
	Attorney's Address (City, State, ZIP Code)
Deadline: This application must be filed with the Public	*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