Print or Type

BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF SOUTH DAKOTA

Print Form

12/29/24

Date Signed

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

Prudence Slaathaug

(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.

X 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:

X I own land within <u>1.0</u> miles of the proposed project.

NW 1/4, 26-99N-51, Lincoln County, S.D.

N 1/2,NE 1/4, 30-99N-50W, Lincoln County, S.D.

_____ 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 applicant has submitted an application that does not meet the requirements for approval. My property would be harmed by this ill conceived and poorly planned project, the purpose of which is to enrich the applicant with litte or no benefit to the public and negative consequences for landowners. I urge a no vote on the application and count on the PUC to protect my interest and the process..

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.

Prudence Slaathaug

Applicant's Printed/Typed Name

Prudence Slaathaug

Signature of Applicant

N/A

Name of Applicant's Organization (if Applicable)

811 York Street, #129

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

Oakland, CA 94610

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

510.499-6010

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

prudenceas@aol.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 Pr	inted/T	уре	d Na	me					· .
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Signature of	Attome	y	2					•	Date Signed
:	:		. *	5. 5					
Attorney's Ad	dress	(PO	Box/	St/Av	e/Roa	d)			· · ·
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*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.