Print or Type

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

Print Form

This form is <u>only</u> for persons who wish to be an active party in this docket. You do NOT need to be a party to submit comments.

D Utilities Commission on or before 5:00 p.m. CT, Jan. 24, 2025. File this completed form electronically at puc.sd.gov/EFilingOptions.aspx

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APPI	ICATION	FUR	PARIY	SIAIUS

ioxide Transmission Pipeline	)	HP24-001	
Rick Hofer ame of Applicant. This will be the person or entity named as a party.)	etitions the Pub	lic Utilities Commission to be granted party st	atus in this proceeding.
ame of Applicant. This will be the person or entity named as a party.)			
lace a check mark next to <u>each</u> item below that ap ou, adding a mileage number where requested.	llies to Th pa	nis section is to be completed by the per orty status. <b>All fields are required.</b>	erson requesting
$\underline{x}$ I am a person or organization that received otification of the project via U.S. mail from the siting oplicant.		Rick Hofer  Dilicant's Printed-Typed Name	1/5/25
x I reside within 1 miles of the proposed p	oject. $\frac{x}{Sig}$	nature of Applicant	Date Signed
esidential address if different from your mailing ad	ress:		
802 Ginseng Ave Onida SD 57564	Nai	me of Applicant's Organization (if Applicable)	
ouz dinserig Ave omda ob oroot	C	Can be contacted via cou	nsel
x I own land within 0 miles of the proposed p	roject. App	olicant's Address (PO Box/St/Ave/Road)	
egal description: Sully COL	nty C	Can be contacted via cou	nsel
Sec/Twp/Rng 33 34 and 36 115 75	Арр	olicant's Address (City, State, ZIP Code)	
	<del></del> 4	02-493-4100	
I officially represent a municipal, city, tov	nship, Apr	olicant's Phone Number or, if represented, Applicant's Att	orney's Phone Number
ounty or other affected governmental agency within	S	Dco2@dominalaw.com	
iles of the proposed project.	Арр	plicant's E-mail Address* or, if represented, Applicant's Att	orney's E-mail Address*
xplain your interest in applying for party status belo		ne section below is to be completed by corney, if represented. All fields are requi	
	В	rian Jorde / Ryan Cwach	
	Atto	orney's Printed/Typed Name	
		Brian E. Jorde	12/10/24
	Sig	nature of Attorney	Date Signed
	2	425 S. 144th St.	
	Atto	orney's Address (PO Box/St/Ave/Road)	
	C	)maha, NE 68144	
	Atto	orney's Address (City, State, ZIP Code)	
		he Commission processes its dockets	-
eadline: This application must be filed with the Pub	IC .	ne and cost efficiencies. Communication	

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.