Print or Type

BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF SOUTH DAKOTA

Print Form

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

Spink County Commission

, 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.

Х 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 miles of the proposed project.

Legal description:

I officially represent a municipal, city, township,

county or other affected governmental agency within U

miles of the proposed project.

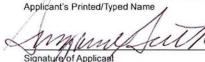
Explain your interest in applying for party status below.

The Spink COunty Commission and the appointed officials of Spink County have a direct interest in all aspects of the proposed permit that has been applied for. It is important to receive information as soon as possible so we can stay up to date on the process and procedures.

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.

Spink County Commission



12/17/24 Date Signed

Spink County Commission

Name of Applicant's Organization (if Applicable)

210 E 7th Ave, Suite 5

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

Redfield, SD 57469

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

605-472-4580

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

spinkcoauditor@nrctv.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.

Victor Fischbach

Attorney's Printed/Typed Name

12/17/24 Date Signed

Signature of Attorney

210 E 7th Ave, Suite 9 Attorney's Address (PO Box/St/Ave/Road)

KINAKUN

Redfield, SD 57469

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.