

BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF SOUTH DAKOTA

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

Spink County Commission, petitions the Public Utilities Commission to be granted party status in this proceeding.

Place a check mark next to each 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:

I own land within miles of the proposed project.

Legal description:

X I officially represent a municipal, city, township, county or other affected governmental agency within 0 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

Applicant's Printed/Typed Name

Signature of Applicant: [Handwritten Signature] Date Signed: 12-31-2024

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)

605-472-4593

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

vfischbach@nvc.net

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

Signature of Attorney: [Handwritten Signature] Date Signed: 12/31/24

210 E 7th Ave, Suite 9

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

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.