

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 Deuel Harvest Wind Energy South LLC for Energy Facility Permits of a Wind Energy Facility and a 345-kV Transmission Facility in Deuel County, South Dakota, for the South Deuel Wind Project

APPLICATION FOR PARTY STATUS

EL24-023

Josh Bekaert, 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.

[X] I am a person or organization that received official notification of the project via U.S. mail from the siting permit applicant.

[X] I reside within 1/4 miles of the proposed project.

Residential address if different from your mailing address:

19224 484th Ave. Astoria, SD 57213

[X] I own land within 1/4 miles of the proposed project.

Legal description: Blk 1 Milton addition in NW 1/4, Scandinavia Township, Deuel Co

[] 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.

Construction of towers near my home.

Deadline: Consistent with SDCL 49-41B-17 and ARSD 20:10:22:40, this application must be filed with the Public Utilities Commission on or before 5:00 p.m. CT, Aug. 27, 2024. 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.

Josh Bekaert

Applicant's Printed/Typed Name

Signature of Applicant (Handwritten signature) Date Signed

Name of Applicant's Organization (if Applicable)

19224 484th Ave.

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

Astoria, SD 57213

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

1-605-354-0345

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

undertakerami@hotmail.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 Printed/Typed Name

Signature of Attorney

Date Signed

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

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.