~~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 of Crowned Ridge Energy Storage I, LLC for a Permit for an Energy Conversion Facility

APPLICATION FOR PARTY STATUS

EL26-014

Barbara J Rude, 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.

☐ 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 8 miles of the proposed project.

Residential address if different from your mailing address:

☑ I own land within 5 miles of the proposed project.
5 119 50 S½ NW¼
Legal description: 5 119 50 SW¼ EX OL 1 + EX 6 119 50 SE¼ 7 119 50 NE¼ 8 119 50 NW¼ EX OL 1 + 2 8 119 50 SW¼ SW¼ 8 119 50 NW¼ NW¼

☐ 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 environmental harm from fire or explosion is unknown. Local people, EMS plus hospitals + fire depts are untrained for a disaster related to this.

This section is to be completed bythe person requesting party status. **All fields are required.**

Barbara J Rude
Applicant's Printed/Typed Name

Barbara J Rude 7/11/26
Signature of Applicant **Must E-Sign or Hand Sign** Date Signed

Name of Applicant's Organization (if Applicable)

46726 155th St
Applicant's Address (PO Box/St/Ave/Road)

Stockholm, SD 57264
Applicant's Address (City, State, ZIP Code)

605-924-6807
Applicant's Phone Number or, if represented, Applicant's Attorney's Phone Number

clearview farm 46726@gmail.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. **Must E-Sign or Hand Sign** 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.

Deadline:This application must be filed with the Public Utilities Commission on or before 5:00 p.m. CT, July 13, 2026
File this completed form electronically at puc.sd.gov/EFilingOptions.aspx

If your submitted form is incomplete, you risk not being granted party status.

RECEIVED
JUL 13 2026
SOUTH DAKOTA PUBLIC UTILITIES COMMISSION