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

Bob Welder, 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 1 miles of the proposed project.

Residential address if different from your mailing address:
16011 465th Ave

☑ I own land within 1 miles of the proposed project.

Legal description: _____

☑ I officially represent a municipal, city, township, county or other affected governmental agency within 1 miles of the proposed project.

Explain your interest in applying for party status below.

Live close - Fire - Health - Wildlife

RECEIVED
JUL 13 2026
SOUTH DAKOTA PUBLIC UTILITIES COMMISSION

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

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

Applicant's Printed/Typed Name
Bob Welder

Signature of Applicant **Must E-Sign or Hand Sign** — Date Signed
Bob Welder — 7-10-26

Name of Applicant's Organization (if Applicable)

16011 465th Ave.
Applicant's Address (PO Box/St/Ave/Road)

SouthShore, SD. 57263
Applicant's Address (City, State, ZIP Code)

1-605-237-7636
Applicant's Phone Number or, if represented, Applicant's Attorney's Phone Number

X
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.

XXXX
Attorney's Printed/Typed Name

Signature of Attorney. **Must E-Sign or Hand Sign** — Date Signed

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

XX XXX
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.