

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

Codington Clark Electric Cooperative, Inc.

(Name of Applicant. This will be the person or entity named as a party.)

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.

☐ 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 _____ miles of the proposed project.

Explain your interest in applying for party status below.

Proposed project is in Cooperatives' exclusive service territory.

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 by the person requesting party status. All fields are required.

Dave Eide, Manager

Applicant's Printed/Typed Name

Dave Eide

6-23-2026

Signature of Applicant Must E-Sign or Hand Sign

Date Signed

Codington Clark Electric Cooperative, Inc.

Name of Applicant's Organization (if Applicable)

PO Box 880; 3520 9th Ave SW

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

Watertown, SD 57201

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

605-886-5812

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

john@grolawfirm.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.

John D. Knight

Attorney's Printed/Typed Name

John D. Knight

6-24-26

Signature of Attorney. Must E-Sign or Hand Sign

Date Signed

PO Box 1600

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

Watertown, SD 57201

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.