

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**

Dalton H. 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.

Legal description: 5 119 50 S 1/2 NW 1/4  
6 119 50 SE 1/4 7 119 50 NE 1/4  
8 119 50 NW 1/4 EX OL 1+2  
5 119 50 SW 1/4 SW 1/4 8 119 50 NW 1/4 NW 1/4

☐ 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.

*This is an unwetted process and the environmental harm is unknown. Local people and EMS plus hospitals + fire dept's are untrained for a disaster related to this.*

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](http://puc.sd.gov/EFilingOptions.aspx)

**RECEIVED**

**JUL 13 2026** If your submitted form is incomplete, you risk not being granted party status.

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

Dalton H. Rude  
Applicant's Printed/Typed Name

Dalton H. 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, S.D. 57264  
Applicant's Address (City, State, ZIP Code)

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

clearviewfarm46726@gmail.com  
Applicant's E-mail Address\* or, if represented, Applicant's Attorney's E-mail Address\* *com*

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.