

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 Xcel Energy and Otter Tail
Power Company for an Energy Facility Permit to Construct the
PowerOn Midwest Project Consisting of a 765-kV Transmission
Line, a 345-kV Transmission Line, and Associated Facilities

APPLICATION FOR PARTY STATUS

EL26-026

Lake Cochrane Improvement Association, 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 2 miles of the proposed project.

Residential address if different from your mailing address:
2768 Edgewater Dr., Gary, South Dakota 57237

☐ 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.

☐ I represent a utility company with facilities within _____ miles of the proposed project.

Explain your interest in applying for party status below.

The Lake Cochrane Improvement Association (LCIA) is concerned of the environmental impact of the placement of a 765-kV transmission line near our homes, lake and outdoor recreation areas.

Deadline: This application must be filed with the Public Utilities Commission on or before **5:00 p.m. CT, Nov. 3, 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.**

Matthew Holden

Applicant's Printed/Typed Name

Matthew Holden

Signature of Applicant

9/30/26

Date Signed

Lake Cochrane Improvement Association

Name of Applicant's Organization (if Applicable)

5501 E 18th ST Apt 327

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

Sioux Falls, SD 57110

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

605-740-12234

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

mtholde@gmail.com

Applicant's E-mail Address* or, if represented, Applicant's Attorney's E-mail Address*

aj@ajswanson.com

The section below is to be completed by the Applicant's attorney, if represented. **All fields are required.**

A.J. Swanson

Attorney's Printed/Typed Name

AJ Swanson

Signature of Attorney

9-30-26

Date Signed

27452 182nd Ave

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

Canton SD 57013

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.
For approval, party status applications must meet the requirements of SDCL 49-41B-17.