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

Natashia L Mckillip, 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 1.4 miles of the proposed project.

Residential address if different from your mailing address:
15627 485th Ave Milbank, SD 57252

☑ I own land within 1.4 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.

I have several children to consider with this happening so close to our home.

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.**

Natashia L Mckillip
Applicant's Printed/Typed Name

N. Mckillip 11-2-26
Signature of Applicant — Date Signed

Name of Applicant's Organization (If Applicable)

15627 485th Avenue
Applicant's Address (PO Box/St/Ave/Road)

Milbank, SD 57252
Applicant's Address (City, State, ZIP Code)

360-761-8026
Applicant's Phone Number or, if represented, Applicant's Attorney's Phone Number

natashiamckillip@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 — Date Signed

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

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

*The Commission processes its dockets electronically fo time and cost efficiencies. Communication on the docke will be done via email to parties to this docket. Failure t provide an email address may result in documents bein served upon the county auditor rather than sent direct 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.