[redacted]

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Phone:(800) 331-3282 Fax: (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)
16093 US BANK-BANK S

UCC Direct Services
P.O. Box 29071
Glendale, CA 91209-9071

10544945

RIRI

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME
THOMAS LONARDO & ASSOCIATES INC

OR

1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
80 ATWOOD AVE	CRANSTON	RI	02920	

1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any
		CORPORATION	RI	58691 ☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any
				☐ NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME
SYNERGY RESOURCES

OR

3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1150 AMERICAN BLVD E SUITE 450	BLOOMINGTON	MN	55425	

4. This FINANCING STATEMENT covers the following collateral:

EQUIPMENT DESCRIBE AS SEE SCHEDULE 'A' FOR LEASE #550-00010717-000

5. ALTERNATIVE DESIGNATION [if applicable] ☒ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING

6. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional] ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA
10544945 6160002119

10936-2-0

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

Prepared by UCC Direct Services, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

SYNERGY resources

SCHEDULE "A"

AGREEMENT #

721417

This Schedule "A" is to be attached to and become part of the Item Description for the Agreement dated _____ by and between the undersigned and Synergy Resources.

SUPPLIER EQUIPMENT DESCRIPTION	QTY. PER UNIT	SERIAL NO.

SUPPLIER: DELL

3 DELL PRECISION 690

DELL PRECISION M90

SUPPLIER: ADVANCED BUSINESS MACHINES
25 THURBER BLVD
SMITHFIELD, RI 02917

KIP-3000 COPIER/NETWORK

COLOR LASER PRINTER

VERIFICATION

This Schedule "A" is hereby verified as correct by the undersigned, who acknowledges receipt of a copy.

THOMAS LONARDO & ASSOCIATES INC — PRESIDENT

DATED CUSTOMER — SIGNATURE THOMAS LONARDO — TITLE

SCHA REV06/06