



CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

Please type or print legibly.
Instructions are included on back of application.

FILED EFFECTIVE
10 DEC 29 AM 24
SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Synergy Resources

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name:

<u>Name</u>	<u>Complete Address</u>
<u>U.S. Bancorp Equipment Finance, Inc.</u>	<u>13010 SW 68th Pkwy. Ste 100 Portland OR 97223</u>
<u>(C96094)</u>	<u>1310 Madrid St. Marshall MN 56258</u>

3. The general type of business transacted under the assumed business name is:

- | | |
|---|--|
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Transportation and Public Utilities |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Services | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Mining |
| <input checked="" type="checkbox"/> Finance, Insurance, and Real Estate | |

4. The name and address to which future correspondence should be addressed:

U.S. Bancorp Equipment Finance, Inc.
Attn: Law Dept. Molly Slmon
1310 Madrid St. Marshall MN 56258

Submit Certificate of Assumed Business Name and \$25.00 fee to:

Secretary of State
450 North 4th Street
PO Box 83720
Boise ID 83720-0080
208 334-2301

5. Name and address for this acknowledgment copy is (if other than # 4 above):

Signature: _____

Printed Name: John Docken

Capacity/Title: VP / Asst. Secre.

Signature:

Printed Name: _____

Capacity/Title: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/29/2010 05:00
CK: 2040335 CT: 131671 BH: 1252064
1 @ 25.00 = 25.00 ASSUM NAME # 2

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