

Form 722 Corporations Act 2001

## Notice appointing trustee for holders of debentures

| odgement details  | Who should ASIC contact if there is a query about this form? |
|---|--|
|   | Firm/organisation  |
|   | LAKES OILNC  |
|   | Contact name/position description                            |
| $\sim$  | WESLUE SMITH   |
| 1 1000  | ASIC registered agent number (if applicable)                 |
| 16 MAR 2015   |  |
| 16 MAR 2015   | Telephone number   |
| ST- MAR 2016  | 03-99273510  |
| ASIC - Melbourne  | Postal address   |
| CIPOUR  | Po Box 300   |
| ine)  | 11 8   |
|   | Cours Street WEST Marourne Wi 8007                           |
|   |  |
| Details of borrower   |  |
|   | Name of borrower   |
|   | LAKES OIL NIC  |
|   |  |
|   | ACN/ARBN/ABN (if applicable)                                 |
|   |  |
| Address of borrower   | Office, unit, level  |
| If the borrower is a company, this must be the company's principal place of business address. | LEVEL 14   |
|   | Street number and Street name                                |
|   | 500 COLYNS STREET  |
|   | Suburb/City State/Territory                                  |
|   | MUROUENE   |
|   | Postcode Country (if not Australia)                          |
|   | 3000   |
|   |  |
| Details of trustee  |  |
| Details of trustee  |  |
|   | Name of trustee  |
| *   | EQUITY PRICTEES LIMITED                                      |
|   | ACN/ARBN/ABN (if applicable)                                 |
|   | 46 004 031 298   |
| Address of trustee  | Office, unit, level  |
| Tudious of tradica  | hare 2   |
|   | Street number and Street name                                |
|   | 575 BOURKE STREET  |
|   | Suburb/City State/Territory                                  |
|   | MELBOURNE 300  |
|   | 1 1000000  |
|   | Postcode Country (if not Australia)                          |
|   | Vu   |

| 2 Continued Details of trustee  |   |  |  |
|---|---|--|--|
| Name of trust   | Name of trust  Appointment date of the trustee  Do Do M M Y Y  Date of trust deed  Do Do M M Y Y            |  |  |
| Signature This form must be signed by a director or secretary of the company. | Capacity Director Signature  Date signed  D D D M M Y Y   |  |  |
| Lodgement   | Send completed and signed forms to:  Australian Securities and Investments Commission,  Web www.asic.gov.au |  |  |

GPO Box 9827 in your capital city.

Need help? www.asic.gov.au/question Telephone 1300 300 630