1				
. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1		SPACE IS FOR	R FILING OFFICE US	SE ONLY
1a. ORGANIZATION'S NAME	b) - do not appreviate or combine names		 	
Country and the second second		•		
16. INDIVIDUAL'S LASTNAME	FIRST NAME	MIDDLE	IAME	SUFFIX
MIKA	Jane			
, MAILING ADDRESS	ary		POSTAL CODE	COUNTRY
2039 Davidson Place	Whiting	IN	46394	U.S.
SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGA	INIZATIONAL ID #, if any	-
ORGANIZATION DEBTOR DEBTOR'S EXACT FULL LEGAL NAME insert only on	e debtor name (2a or 2h) - do not abbreviate or co	mhine names		N
DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME	g debtor name (2a or 2b) - do not abbreviate or con	mbine names MIDDLE	NAME	SUFFIX
DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME			NAME POSTAL CODE	
DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE		SUFFIX
DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME 2c. MAILING ADDRESS ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION	FIRST NAME CITY 21. JURISDICTION OF ORGANIZATION	STATE 2g. ORG	POSTAL CODE	SUFFIX
DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME C. MAILING ADDRESS ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR Sa. ORGANIZATION'S NAME Whiting Refinery Federal Credit U	FIRST NAME CITY 21. JURISDICTION OF ORGANIZATION 1. S/P) - insert only one secured party name (3a or 3b)	STATE 2g. ORG	POSTAL CODE	SUFFIX
DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME C. MAILING ADDRESS d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 2c. TYPE OF ORGANIZATION DEBTOR 3a. ORGANIZATION'S NAME (ORNAME OF TOTAL ASSIGNEE OF ASSIGNOR 3a. ORGANIZATION'S NAME Whiting Refinery Federal Credit U	FIRST NAME CITY 21. JURISDICTION OF ORGANIZATION 1. S/P) - insert only one secured party name (3a or 3b)	STATE 2g. ORG	POSTAL CODE ANIZATIONAL ID #, if an	SUFFIX
DEBTOR ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME C. MAILING ADDRESS C. SEEINSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 3a. ORGANIZATION'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME Whiting Refinery Federal Credit U	FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION SSP)-insert only one secured party name (3a or 3b)	STATE 2g. ORG	POSTAL CODE ANIZATIONAL ID #, if an	SUFFIX

International Association of Commercial Administrators (IACA)