

UCC FINANCING STATEMENT  
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)

B. E-MAIL CONTACT AT SUBMITTER (optional)  
mharris@contractcapital.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Contract Capital Corp.  
6655 Kitimat Rd, Unit 4  
Mississauga, Ontario L5N 6J4  
Canada

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

FILED: MAY 28, 2025 09:34 AM  
OREGON SECRETARY OF STATE



UCC LIEN NO. 94203382 COMFORT FLOW HEATING

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (Use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); If any part of the individual Debtor's name will not fit in line 1b, leave all of line 1 blank, check here  and provide the individual Debtor information in item 10 of the Financing Statement Attachment (Form UCC-1Ad)

1a. ORGANIZATION'S NAME  
Comfort Flow Heating Company, LLC

OR

1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S) INITIAL(S) SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

1951 Don Street Springfield OR 97477

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (Use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); If any part of the individual Debtor's name will not fit in line 2b, leave all of line 2 blank, check here  and provide the individual Debtor information in item 10 of the Financing Statement Attachment (Form UCC-1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S) INITIAL(S) SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

3. SECURED PARTY'S NAME (a NAME OF ASSIGNEE (ASSIGNOR/ SECURED PARTY)). Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME  
IPro Media, Inc.

OR

3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S) INITIAL(S) SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

PO Box 58 Van Alstyne TX 75495

4. COLLATERAL: This category description covers the following collateral:  
 C2029242: Ipro 60010001 Carrier Access (1); Ipro 60051753 Anyware Enterprise Business (EB) Security Bundle (1); Mitel 60090002 Primary Mivoice Image-Small-Medium Business (SMB) (1); Mitel 54002390 MCD SIP Trunk License (12); Mitel 54004491 MCD SIP Trunking Channel Proxy (12); Mitel 60101702 Entry Mivoice User (60); Ipro 69989998 Support On Existing Phones (60); Ipro 69990037 Emergency Services Fee (60).  
 The Equipment Agreement is a lease of personal property and this UCC filing is preventative in nature as assignee of IPro Media, Inc.'s interest in the above-mentioned equipment.

5. Check only if applicable and check only one box: Collateral is  held in trust (see UCC1Ad, Item 17 and instructions)  party represented by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:  Public-Phone Transaction  Manufacture/Home Transaction  Debtor to a Transmitting Utility  Agricultural Lien  Non-UCC Filing

6b. Check only if applicable and check only one box:  Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lease/License  Consignment/Consignor  Seller/Buyer  Bank/BA or  Lease/License

8. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY - UCC FINANCING STATEMENT (Form UCC1) (Rev. 07/01/23)

**UCC FINANCING STATEMENT ADDITIONAL PARTY**  
FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; If line 1b was left blank because Individual Debtor name did not fit, check here

18a. ORGANIZATION'S NAME <b>Comfort Flow Heating Company, LLC</b>	
OR	
18b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME			
OR			
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME			
OR			
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

22.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME <b>Contract Capital Corp.</b>			
OR			
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS <b>6655 Kitimat Rd, Unit 4</b>	CITY <b>Mississauga</b>	STATE <b>ON</b>	POSTAL CODE COUNTRY <b>L5N 6J4</b>

23.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME			
OR			
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

24. MISCELLANEOUS: