



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 09:53 AM
OREGON SECRETARY OF STATE



UCC LIEN NO. 94203457 MCDONALD WHOLESALE L

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 item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME
McDonald Wholesale LLC

OR

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

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
2350 West Broadway Eugene OR 97402

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 item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

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 (or NAME of ASSIGNEE of 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 financing statement covers the following collateral:

C2028581: Ipro 60020010 Toll Free Number (11); Ipro 60020021 DID Number (50); Ipro 60041749 Faxlync Custom (3); Ipro 60051753 Anyware Enterprise Business (EB) Security Bundle (1); Mitel 60101700 Entry Mivoice User (1); Mitel 60101703 Standard Mivoice User (78); Mitel 60110170 Nitel 6920W Phone (78); Ipro 60110306 Grandstream HT802 (1); Ipro 60110307 SNOM PA1 (1); Ipro 69990037 Emergency Services Fee (3).

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 a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

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

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

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

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: