Form **8937**(December 2011) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

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_	art I	Reporting	issuer				1		
1	Issuer's	name		2 Issuer's employer identification number (EIN					
_	Nama	of contact for ad-	ditional information	4 T	elephone No. of cont	ant	5 Email address of contact		
3	Name of contact for additional information 4				elephone No. of Cont	acı	5 Email address of contact		
6	Number and street (or P.O. box if mail is not delivered to street address) of contact						7 City, town, or post office, state, and Zip code of conta		
Ū	11011100	i dila oti oot (oi i	.c. box ii maii io not	1 only, town, or post onlos, state, and Elp code of conta					
8	Date of action 9 C				9 Classification and	description			
						·			
10	CUSIP number 11 Serial number(s)			(s)	12 Ticker	symbol	13 Account number(s)		
P	art II	Organization	onal Action Atta	ch ad	ditional statements	if needed. S	See back of form for additional questions.		
14	Descr	ibe the organiza	itional action and, if a	applica	able, the date of the a	action or the d	date against which shareholders' ownership is measured for		
	the ac	ction ►							
15	Donor	Describe the constitution of set of the constitution of set of the least of the constitution of the consti							
13		Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ▶							
	Silaic	or as a percent	age of old basis F						
16	Descr	ibe the calculati	on of the change in b	oasis a	and the data that sup	ports the calcu	culation, such as the market values of securities and the		
	valuat	tion dates ►							

Par	t II	0	Prganizational Action (continued)			, , ,				
17	List th	he a	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶								
1 8	Can a	anv i	resulting loss be recognized? ►								
		,									
19	Provi	de a	any other information necessary to imple	ement the adjustment, such as	s the reportab	e tax vear ►					
			.,	,,,,,							
	1										
	Ur be	nder elief, i	penalties of perjury, I declare that I have exa- it is true, correct, and complete. Declaration of	mined this return, including accor of preparer (other than officer) is b	mpanying sched ased on all infor	lules and statement mation of which pre	s, and to the best of my knowledge and parer has any knowledge.				
Sign		ŕ	, , ,	,			, , ,				
Here	.	anatı	ure▶ SIGNATURE ON F	ILE		Date ►					
		g	···								
		_	our name ►	Preparer's signature		Title ►	DTIN				
Paid			Print/Type preparer's name	i reparer s signature		Date	Check if self-employed				
Pre			Eirm's name								
Use	Onl		Firm's name ► Firm's address ►				Firm's EIN ▶ Phone no.				
Send	Form	_	7 (including accompanying statements)	to: Department of the Treasu	ry, Internal Re	venue Service, O					