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

		D	1		•					
_	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	olophono No. of cont	ant	5 Email address of contact			
3	Name of contact for additional information 4				Telephone No. of contact		5 Email address of contact			
6	Number	r and street (or F	P O box if mail is not	delive	ered to street address	s) of contact	7 City, town, or post office, state, and Zip code of conta			
Ū	Number and street (or P.O. box if mail is not delivered to street address) of contact						1 only, town, or post onlos, state, and Elp code of conta			
8	Date of action				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 the constitution								
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								
	Silaro	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	C	Organizational Action (continued)							
17	List	the a	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶							
1 8	Can	any	resulting loss be recognized? ►							
19	Prov	/ide a	any other information necessary to impler	nent the adjustment, such as the reportabl	e tax year ►					
			, , , , , , , , , , , , , , , , , , , ,		,					
	Τu	Inder	penalties of periury. I declare that I have exam	nined this return, including accompanying sched	ules and statements	and to the best of my knowledge, and				
	b	elief,	it is true, correct, and complete. Declaration of	preparer (other than officer) is based on all inform	mation of which prepa	arer has any knowledge.				
Sign	1									
Here	.	Signat	ture SIGNATURE ON F	ILE	Date ►					
		J								
	P	rint y	rour name ►		Title ►					
Paid		ĺ	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN				
Pre		er				self-employed				
Use			Firm's name ▶			Firm's EIN ▶				
			Firm's address ▶			Phone no.				
Send	Forn	n 890	37 (including accompanying statements) t	den, UT 84201-0054						