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			4 1	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	ibo the guentite	tive offect of the ergo	onizoti	ional action on the ba	aia of the accu	write in the hands of a LLC taypover as an adjustment per			
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	Or	ganizational Action (continu	ed)						
17	List th	пе ар	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶							
-										
18	Can a	any re	esulting loss be recognized?►							
19	Provid	de an	y other information necessary to im	olement the adjustment, such as	the reportable tax vear					
			,,,	,,,						
	١									
	bel	iaer po lief, it	enalties of perjury, I declare that I have e is true, correct, and complete. Declaratio	examined this return, including accon n of preparer (other than officer) is ba	npanying schedules and statements ased on all information of which prep	s, and to the best of my knowledge and parer has any knowledge.				
Sign										
Here		notur	e► SIGNATURE ON F	TIE	Date ►					
	Sig	gnatur			Date 🚩					
	Dri	nt vo	ır name ►		Title►					
Dali		_	rint/Type preparer's name	Preparer's signature	Date	Chock T if PTIN				
Paid			·· · ·			Check if self-employed				
Pre			rm's name ▶			Firm's EIN ▶				
Use	Onl	у —	irm's address ▶			Phone no.				
Send	Form	_	(including accompanying statemen	ts) to: Department of the Treasur	y, Internal Revenue Service, Og					