## 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	olophone 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 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							1 only, town, or post onlos, state, and Elp code of conta				
8	Date of action 9				9 Classification and	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 ▶									
	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	Or	ganizational Action (continu	ued)		· · · · · · · · · · · · · · · · · · ·				
17	List th	ne apı	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶							
18	Can a	anv re	sulting loss be recognized? ►							
		,	<u> </u>							
19	Provi	de an	y other information necessary to in	nplement the adjustment, such as	s the reportable tax vear >					
			,,,,	·						
	Un be	nder pe lief, it i	enalties of perjury, I declare that I have s true, correct, and complete. Declarati	examined this return, including accor on of preparer (other than officer) is ba	npanying schedules and statements ased on all information of which pre	s, and to the best of my knowledge and parer has any knowledge.				
Sign		,				,				
Here	.	anatur	∍► <u>SIGNATURE ON F</u>	ידד די	Date ►					
	J SIQ	griature	SIGNATURE ON F	71177	Date					
	Pri	int you	r name ▶		Title►					
Paid			int/Type preparer's name	Preparer's signature	Date	Check if PTIN				
Pre		r 🗀				self-employed				
Use			rm's name ▶			Firm's EIN ▶				
		Fi	rm's address ▶			Phone no.				
Send	Form	8937	(including accompanying stateme	gden, UT 84201-0054						