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 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			
Ŭ	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 Classifica					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 according to a false conscient and action on the basis of the conscient to the basis of all O terrors.								
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	Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the								
	valuat	tion dates ►								

Par	t II	Organizational Action (continued	()						
		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶							
18	Can an	resulting loss be recognized? ►							
	- Cu., u.,								
19	Provide	any other information necessary to imple	ement the adjustment, such as the repo	ortable tax year ▶					
Sign	belief	r penalties of perjury, I declare that I have exal, it is true, correct, and complete. Declaration of	mined this return, including accompanying s of preparer (other than officer) is based on all	schedules and statements, information of which prepare	and to the best of my knowledge and arer has any knowledge.				
Here	.	ture▶ <u>SIGNATURE ON FII</u>	LE	Date ►					
	'	your name ► Print/Type preparer's name	Preparer's signature	Title ► Date	OL L D " PTIN				
Paid Pre	d oarer	Trino rype preparer straine	1. Toparor o dignature	Date	Check if self-employed				
	Only	Firm's name			Firm's EIN ▶				
-	•	Firm's address ▶			Phone no.				

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054