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	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 and on our (or i	.o. box ii maii io not	1 only, town, or post onlos, state, and Elp code of conta					
8	Date of	action							
					9 Classification and	·			
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 ►							

Pai	t II	C	Organizational Action (continue	d)			· · ·					
17	List t	the a	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶									
18	Can	anv	resulting loss be recognized? ▶									
	ou.	uiiy										
19	Prov	ide a	any other information necessary to imp	lement the adjustment, such as	s the reportabl	e tax year ▶						
	1	ndor	penalties of perjury, I declare that I have ex	aminad this return, including accept	mnanying ashad	lulas and statements	and to the best of my knowledge, and					
	be	elief,	it is true, correct, and complete. Declaration	of preparer (other than officer) is b	ased on all infor	mation of which prep	s, and to the best of my knowledge and parer has any knowledge.					
Sigr	,											
Her	e si	ianat	ure▶ SIGNATURE ON FII	ΞE		Date ►						
		gnat										
	Pı	rint y	our name ►			Title ►						
Paid		_	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	Form	1893	37 (including accompanying statements	s) to: Department of the Treasu	ry, Internal Re	venue Service, Og	den, UT 84201-0054					