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

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_	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 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		
Ŭ	11011100	i and on our (or i	.c. box ii maii io not	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 of the constitution of the basis of the constitution of the							
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	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? ▶								
.0	Our	uiiy									
19	Prov	ide a	any other information necessary to imp	lement the adjustment, such a	s the reportable	e tax year ►					
	Ui be	nder elief.	penalties of perjury, I declare that I have ex it is true, correct, and complete. Declaration	amined this return, including acco	mpanying schedu ased on all inform	lles and statements nation of which prep	, and to the best of my knowledge and arer has any knowledge.				
Sign		oo.,		or property (extres than emess) to a		ianon or minon prop	a.o. nao any miomoago.				
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	5 51	ignat	ure▶ <u>SIGNATURE ON FI</u>	<u>L.C.</u>		Date ►					
	P	rint v	our name ▶			Title ►					
Paid		_	Print/Type preparer's name	Preparer's signature		Date	Check if PTIN				
Pre		ar l					self-employed				
Use			Firm's name				Firm's EIN ▶				
	<u> </u>	יטי ר	Firm's address ▶				Phone no.				
Send	Form	893	37 (including accompanying statements	den, UT 84201-0054							