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	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 Class				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 quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per								
13			age of old basis ►	ailizati						
	Silaro	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 ►								

Part	Ш	Organizational Action (continued)			
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax t	reatment is based ▶	·
18 (Can anv	resulting loss be recognized? ▶			
	· · · · •				
19 I	Provide	any other information necessary to implem	nent the adjustment, such as the reportab	ole tax year ►	
- :		r penalties of perjury, I declare that I have exami, it is true, correct, and complete. Declaration of			
Sign Here					
nere	Signa	^{ture▶} Signature on file		Date ►1	/18/17
		_			
		your name >	Preparer's signature	Title ►	DTIN
Paid Prep	arer	Print/Type preparer's name	rreparer's signature	Date	Check if if self-employed
	Only	Firm's name ▶			Firm's EIN ▶
	- · · · y	Firm's address ▶			Phone no.

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