## 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	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	r and street (or F	P.O. box if mail is not	7 City, town, or post office, state, and Zip code of conta						
Ū	11011100	i dila oti oot (oi 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	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 ►								
	Silaro	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	rganizational Actio	n (continued)							
17	List t	the a	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶								
18	Can	any	resulting loss be recogniz	zed? ►							
19	Prov	ide a	any other information nec	essary to impler	nent the adjustment, such	as the reportab	le tax year ▶				
			•	,	•						
	U	nder	penalties of periury. I declare	e that I have exam	nined this return, including ac	companying sched	dules and statements	and to the best of my knowledge and			
					preparer (other than officer) is						
Sign	ı										
Here	e si	ignat	<sub>ure</sub> ▶ Signature	on file			Date ►	1/18/17			
		-	<del></del>				<del></del>				
	Pı	_	our name ►				Title►				
Paid	ď		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	1 893	37 (including accompanyi	ng statements) t	o: Department of the Trea	sury, Internal Re	venue Service, Og	den, UT 84201-0054			