## Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

P	art I	Reporting	Issuer							
1	Issuer's	name				2 Issuer's employer identification number (EIN	I)			
_	Name of	contact for ad	ditional information	1	Telephone No. of contact	5 Email address of contact				
3	Name of contact for additional information			-	relephone No. of contact	J Email address of contact				
6	Number and street (or P.O. box if mail is not de				ivered to street address) of contact	7 City, town, or post office, state, and ZIP code of conta	act			
8	Date of action				9 Classification and description					
10	CUSIP n	umber	11 Serial number	(c)	12 Ticker symbol	13 Account number(s)	_			
10	Oosii number			(5)	12 Ticker Symbol	13 Account number(s)	7 toosant nambor(s)			
Р	art II	Organizatio	onal Action Atta	ch a	additional statements if needed. S	See back of form for additional questions.	_			
14						late against which shareholders' ownership is measured for	_			
	the act	ion ▶								
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15	Describ	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 o	or as a percenta	age of old basis ►							
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16	Descril	oe the calculati	on of the change in t	oasis	s and the data that supports the calcu	ulation, such as the market values of securities and the				
		on dates ►	_							
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Par	t II	C	Organizational Action (continued	)				
17	List t		applicable Internal Revenue Code section		which the tax tr	eatment is	based ►	
10	Can	on.	reculting loss be recognized?					
18	Can	arry	resulting loss be recognized? ►					
19	Prov	ide a	any other information necessary to imple	ement the adjustment, such a	as the reportab	e tax year I	<b>-</b>	
	U	nder	penalties of perjury, I declare that I have exa	mined this return, including acc	companying sche	dules and sta	atements and	to the best of my knowledge and
	be	elief,	it is true, correct, and complete. Declaration of	of preparer (other than officer) is	based on all infor	mation of wh	ich preparer h	as any knowledge.
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Her	e si	ignat	ure Denise Lewis			Date ► _	4/12/2	023
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	Pi	_	our name ►	15		Title▶	ı	
Paid	b		Print/Type preparer's name	Preparer's signature		Date		eck if PTIN
Pre	pare							-employed
Use		ly	Firm's name					n's EIN ▶
Send	Form	_	Firm's address ►  37 (including accompanying statements)	to: Department of the Trace	un, Internal Da	venue Son	-	ne no.
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