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)
_	Nama	f contact for ad	ditional information	4	Telephone No. of contact	E Cool address of contest	
3	Name of contact for additional information			4	relephone No. of contact	5 Email address of contact	
6	Number and street (or P.O. box if mail is not deli				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		
	011015		1				
10	CUSIP number 11 Serial number(s)		(s)	12 Ticker symbol	13 Account number(s)		
Ð	art II	Organizatio	onal Action Attac	ch a	additional statements if needed S	See back of form for additional questions.	
14						late against which shareholders' ownership is measured for	
	the ac	_			,		
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15	Descri	be the quantita	tive effect of the orga	aniza	ational action on the basis of the secu	urity in the hands of a U.S. taxpayer as an adjustment per	
			age of old basis ►				
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16	Descri	be the calculati	on of the change in b	oasis	s and the data that supports the calcu	ulation, such as the market values of securities and the	
		ion dates ►	· ·			,	
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Par	t II	Organizational Action (continued)		· · · · · · · · · · · · · · · · · · ·
17	List th	e applicable Internal Revenue C	ode section(s) and subsection(s) u	pon which the tax treatment is based	•
40	0				
18	Can a	ny resulting loss be recognized?	*		
	D		and the fact that the safe of the safe		
19	Provid	ie any other information necessa	iry to implement the adjustment, s	uch as the reportable tax year ▶	
	Und	der penalties of perjury, I declare that	t I have examined this return, including	g accompanying schedules and statements	, and to the best of my knowledge and
		ef, it is true, correct, and complete. I	Declaration of preparer (other than offic	er) is based on all information of which prepare	arer has any knowledge.
Sign					
Here	Sig	nature ▶		Date ▶	
		nt your name ► Print/Type preparer's name	Preparer's signature	Title ► Date	Oharata 🖂 🥳 PTIN
Paic			Troparor 3 signature	Date	Check if self-employed
	oarei				
Use	Only	Firm's name ► Firm's address ►			Firm's EIN ▶ Phone no.
Send	Form 8		tatements) to: Department of the 1	Freasury, Internal Revenue Service, Og	