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 del				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 number 11 Serial number(s)				12 Ticker symbol	13 Account number(s)	_		
10	Ti Serial number (3)		(5)	12 Ticker Symbol	13 Account number(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 or as a percentage of old basis ▶								
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_							_		
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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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Pai	t II	0	rganizational Action (co	ntinued)					
17	List t	he ap	oplicable Internal Revenue Code	e section(s) and subsection(s) upon	which the tax to	reatment is based	.	
	0								
18	Can	any re	esulting loss be recognized? ►						
19	Provi	ide ar	ny other information necessary	to implen	nent the adjustment, such	as the reportab	le tax year ▶		
	116	adar r	popultion of parium. I dealare that I	hava ayam	inad this rature, including age	ampanying oobo	dulas and statement	s, and to the best of my knowledge and	
	be	elief, it	is true, correct, and complete. Dec	laration of	preparer (other than officer) is	based on all infor	mation of which prep	s, and to the best of my knowledge and parer has any knowledge.	
Sigr	,		11247						
Her	_	gnatu	max maximum				Date ►		
		griatu					Date		
	Pr	int vo	ur name ►				Title ►		
Paid		_	Print/Type preparer's name		Preparer's signature		Date	Check if PTIN	
	_u pare	er						self-employed	
	On		Firm's name					Firm's EIN ▶	
			Firm's address ▶					Phone no.	
Send	Form	n 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054							