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 F | P.O. box if mail is not | t 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 | | | |
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| | 011010 | | 1 | | | | | |
| 10 | CUSIP number 11 Serial number(s) | | | (s) | 12 Ticker symbol | 13 Account number(s) | | |
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| 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. taxpaver as an adjustment per | | |
| | 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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| 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 | n (continued) | | | | | | |
|-------|---------|---|--|----------------------------|--------------------|-------------------------------------|--|--|--|
| 17 | List th | ne applicable Internal Revenue | pplicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ | | | | | | |
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| | Con o | | 40 > | | | | | | |
| 18 | Can a | ny resulting loss be recognize | d?▶ | | | | | | |
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| 19 | Provid | de any other information neces | ssary to implement the adjustmer | nt, such as the reportable | tax year ► | | | | |
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| Paid | t | Print/Type preparer's name | Preparer's signature | | Date | Check if PTIN | | | |
| | pare | | | | | self-employed | | | |
| | Onl | y Firm's name ► | | | | Firm's EIN ▶ | | | |
| San d | Eorm | Firm's address 8037 (including accompanying | a statements) to: Denortment -f+ | ho Tropouni Internal David | nuo Sonico O | Phone no. | | | |
| ociiu | OHILL | osor uncluding accompanying | g statements) to: Department of t | no measury, miemai neve | riue oei vide, Ogo | JOH, OT 04201-0004 | | | |