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 F	P.O. box if mail is not	t 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			
10	CUSIP n	umber	11 Serial number	(c)	12 Ticker symbol	13 Account number(s)	_	
10	COSIF II	umbei	TI Serial Humber	(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	oe 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		
	share or as a percentage 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	Organizational .	Action (continued)						
17	List th	e applicable Internal F	pplicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶						
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	Con o	ny roo diina looo bo ro							
18	Can a	ny resulting loss be re	:cognized? ►						
19	Provid	le any other information	on necessary to impler	ment the adjustment, such as	s the reportable tax year ▶				
	Und	der penalties of periury. I		nined this return, including acco	mpanying schedules and statements	s, and to the best of my knowledge and			
					ased on all information of which prep				
Sign	1								
Here	- 1	nature ▶ <i>P. Bradle</i>	y Adams		Date ►				
			/						
	Prir	nt your name ►		Duan amada : :	Title ►	T			
Paid	t	Print/Type preparer's	name	Preparer's signature	Date	Check if PTIN			
	pare					self-employed			
Use	Only					Firm's EIN ▶			
Sand	Form	Firm's address >	nnanving statements) t	o: Department of the Tressu	iry, Internal Revenue Service, Og	Phone no.			
send	LOLUI 9	beor (including accord	npanying statements) t	.o. בפסמונווופווג סו נחפ Treasu	ıry, imlemai nevenue Service, Oğ	u c ii, U i 0420 1-0004			