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 TOT ACT	ditional 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		Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for									
	the act	ion ▶									
_							_				
_							_				
							_				
							_				
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 o	or as a percenta	age of old basis ►								
_											
							_				
							_				
_							_				
							_				
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 ►	-								
_											
_											
_											
_											
_							_				
_							_				

Par	t II	Organizatio	nal Action (continue	ed)		· · · · · · · · · · · · · · · · · · ·			
17	List th	ne applicable Inte	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶						
18	Can a	ny resulting loss	be recognized? ►						
19	Provid	de any other infor	mation necessary to imp	olement the adjustment, such a	s the reportable tax year ▶				
	1								
					ompanying schedules and statements based on all information of which prep	s, and to the best of my knowledge and arer has any knowledge.			
Sign	,		•	, , , ,	·	, ,			
Here		ınatura ► P. Br	radley Adama		Date ▶				
	Sig	mature - 7.2	radby Adams		Date				
	Pri	nt your name ►			Title►				
Paid		Print/Type prep	arer's name	Preparer's signature	Date	Check if PTIN			
	ر pare	r 🖳				self-employed			
	Onl		>		<u> </u>	Firm's EIN ▶			
	<u> </u>	Firm's address	>			Phone no.			
Send	Form	8937 (including a	ccompanying statement	ts) to: Department of the Treasu	ury, Internal Revenue Service, Og	den, UT 84201-0054			