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 de | | | | ivered to street address) of contact | 7 City, town, or post office, state, and ZIP code of conta | act | | |
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| | | | | | | | | | |
| 8 | Date of action | | | | 9 Classification and description | | | | |
| | | | | | | | | | |
| 10 | CUSIP number 11 Serial number(s) | | | | 12 Ticker symbol | 13 Account number(s) | _ | | |
| 10 | COSIF Humber (5) | | (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 o | or as a percenta | age 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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| Pai | rt II | | Organizational Action (continued | d) | | | | |
|-------------|--------|---------|---|---------------------------------|-------------------|---------------------|----------------------|---------|
| 17 | List | | applicable Internal Revenue Code section | | vhich the tax tre | atment is b | pased ▶ | |
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| 18 | Car | n anv | resulting loss be recognized? ▶ | | | | | |
| | Oui | · urry | | | | | | |
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| 19 | Pro | vide | any other information necessary to impl | ement the adjustment, such a | s the reportable | tax year ▶ | • | |
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| | | | penalties of perjury, I declare that I have ex it is true, correct, and complete. Declaration | | | | | |
| Sigr Her | | Signat | ture▶ <u>P. Bradlsy Adams</u> | ı | 1 | Date ► 1 | 1/11/2024 | |
| | | | V | | | | | |
| | | Print y | /our name ► Print/Type preparer's name | Preparer's signature | - | <u>Fitle</u> ► Date | | PTIN |
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| Pre | | | Firm's name | 1 | | | Firm's EIN | |
| Use | , Or | шу | Firm's address ▶ | | | | Phone no. | |
| Send | l Forr | m 89 | 37 (including accompanying statements | s) to: Department of the Treasu | ıry, Internal Rev | enue Servi | | 01-0054 |