## 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 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	CLISID n	umber	11 Serial number	(c)	12 Ticker symbol	13 Account number(s)	_
10	CUSIP number 11 Serial number(s)		(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 ▶					
_							_
_							_
							_
							_
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 ►				
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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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Par	t III	Organizational Action (co	ontinued)		
17	List th		de section(s) and subsection(s) upon w	rhich the tax treatment is based ▶	•
18	Can a	any resulting loss he recognized?			
	Odire	ary recalling less se recognized.			
19	Provi	de any other information necessary	to implement the adjustment, such as	s the reportable tax year ►	
	Ur	nder penalties of periury. I declare that	have examined this return, including acco	mpanying schedules and statements	and to the best of my knowledge and
			claration of preparer (other than officer) is be		
Sigr	1				
Her	e się	gnature ▶ <u>P. Bradley Ad</u>	lams	Date ►1/1 ·	1/2024
		int your name	Preparer's signature	Title ► Date	DTIN
Paid		Print/Type preparer's name	rieparer s signature	Date	Check if self-employed
	pare				
Use	Onl	Firm's name ► Firm's address ►			Firm's EIN ▶ Phone no.
Send	Form		tements) to: Department of the Treasu	ry, Internal Revenue Service, Ogo	