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 del				ivered to street address) of contact	7 City, town, or post office, state, and ZIP code of conta	act		
8	Date of a	action			9 Classification and description				
10	CUISID n	umber	11 Serial number	(c)	12 Ticker symbol	13 Account number(s)	_		
10	CUSIP number 11 Serial number(s			(5)	12 Ticker Symbol	Account Humber(5)			
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 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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Par	t II	Org	anizational	Action (cont	inued)					· · · · · · · · · · · · · · · · · · ·
17	List th	ne appl	licable Internal I	Revenue Code :	section(s)	and subsection(s) upon which the tax	k treatmen	t is based I	•
10	Can	nov roc	ulting loss bore	noognizod?						
18	Carra	arry res	uiting loss be re	cognized:						
19	Provid	de any	other information	on necessary to	impleme	ent the adjustmer	nt, such as the reporta	able tax ye	ear►	
	Un	der per	nalties of periury.	I declare that I ha	ave examir	ned this return, incli	uding accompanying scl	hedules and	d statements	s, and to the best of my knowledge and
										arer has any knowledge.
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Her	e sig	gnature	▶ <u>P. Bra</u>	idley Ada	ems			_ Date ▶	1/1	1/2024
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	<u> </u>	nt your	name ► nt/Type preparer's		10	Preparer's signature	<u> </u>	Title ► Date		Ohani Dii PTIN
Paid			iv type preparens) Hallie		Toparor a aignature	•	Date		Check if self-employed
	pare		m's name ▶							Firm's EIN ▶
Use	Onl	y —	n's name ► n's address ►							Phone no.
Send	Form	_		npanying stater	nents) to:	Department of t	he Treasury, Internal I	Revenue S	Service, Og	•