## 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

		<del></del>	<u>.</u>				
_		ng Issuer					
1	Issuer's name				2 Issuer's employer identification number (EIN)		
_	Name of contact fo	r additional information	4 Telephone No. of contact		5 Email address of contact		
3	Name of contact for additional information 4 T		4 Telephone No. of contact	·	5 Email address of contact		
6	Number and street	(or P.O. box if mail is not	delivered to street address) o	of contact	7 City, town, or post office, state, and ZIP code of contact		
8	Date of action 9 Classification and description			scription			
10	CUSIP number 11 Serial number(s)		s) 12 Ticker syn	nbol 1	13 Account number(s)		
					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 action						
_							
_							
15	Describe the quar	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 or as a perc	centage of old basis					
_							
16	Describe the calc	ulation of the change in l	pacie and the data that cunnor	rte the calculation ex	uch as the market values of securities and the		
10	valuation dates	diation of the change in i	asis and the data that suppor	to the calculation, se	deri as the market values of securities and the		
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Par	3 III	Organizational Action (contin	nued)			
17	List the	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based				
18	Can an	y resulting loss be recognized?				
19	Drovide	any other information necessary to i	mnlement the adjustment such a	the reportable tay year		
19	TTOVIGE	any other information necessary to i	implement the adjustment, such a	the reportable tax year		
		er penalties of perjury, I declare that I hav				
٥.		f, it is true, correct, and complete. Declara	tion of preparer (other than officer) is b	ased on all information of which pre	parer has any knowledge.	
Sign						
Here	Signa	ature CHRIS BROWN		Date		
	Prin	your name CHRIS BROWN	Durant	Titlo	NANCIAL OFFICER	
Paic	d	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN	
	oarer	GREGORY PAPINKO	GREGORY PAPTICKO		self-employed P01452981	
	Only	Firm's name PRICEWATERHOUSE			Firm's EIN 98-0189320	
		Firm's address 18 YORK STREET, S			Phone no. (416) 863-1133	
Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0						