

Part II Organizational Action *(continued)*

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ [See schedule attached](#)

18 Can any resulting loss be recognized? ▶ [See schedule attached](#)

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ [See schedule attached](#)

Rachel Wilson

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

DocuSigned by:
 Signature ▶ *Rachel Wilson* Date ▶ July 29, 2022
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Print your name ▶ **Rachel Wilson** Title ▶ **Chief Financial Officer & Treasurer**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.