## 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	CUSIP n	umber	11 Serial number	(c)	12 Ticker symbol	13 Account number(s)	_		
10	COSIF II	umbei	TI Serial Humber	(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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_							_		
							_		
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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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Par	t II	Organizational Action (cor	tinued)					
17	List the	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶						
	0							
18	Can ar	ny resulting loss be recognized?						
19	Provid	e any other information necessary	to implement the adjustment, such as	the reportable tax year ▶				
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	beli	der penalties of perjury, I declare that I i ef, it is true, correct, and complete. Decl	have examined this return, including accom aration of preparer (other than officer) is bas	panying schedules and statements sed on all information of which prep	s, and to the best of my knowledge and arer has any knowledge.			
Sigr	,	1 2						
Her	_	nature •		Date <b>▶</b>				
	Sigi	lature		Date				
	Prin	nt your name ▶		Title►				
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN			
	ر parer				self-employed			
	Only			<u> </u>	Firm's EIN ▶			
		Firm's address ▶			Phone no.			
Send	Form 8	3937 (including accompanying state	ements) to: Department of the Treasury	, Internal Revenue Service, Og	den, UT 84201-0054			