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 contact					
8	Date of 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	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		Describe the organizational action and, if applicable, the date of the action or the date 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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Pai	t II	Organizational Action (co	ontinued)					
17	List the	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶						
18	Can a	av reculting less be recognized?						
10	Oanai	iy resulting loss be recognized:						
19	Provid	e any other information necessary	y to implement the adjustment, such a	s the reportable tax year ▶				
	1							
	beli	der penalties of perjury, I declare that ef, it is true, correct, and complete. De	I have examined this return, including according according to the property of	ompanying schedules and statements based on all information of which prep	, and to the best of my knowledge and arer has any knowledge.			
Sigr		1						
Her	<u> </u>	nature M	et	Date ► Octo	ber 5, 2022			
	_	t your name ► Print/Type preparer's name	Preparer's signature	Title ► Date	Oharata 🖂 👍 PTIN			
Paid			,		Check if self-employed			
	parer		I	1	Firm's EIN ▶			
Use On		Firm's address >			Phone no.			
Send	Form 8	-	atements) to: Department of the Treasu	ury, Internal Revenue Service, Og				