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 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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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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Pa	rt II	Ì	Organizational Action (continu	ed)		, , ,
17	List	the	applicable Internal Revenue Code sec	tion(s) and subsection(s) upon v	hich the tax treatment is	based ▶
10	Car	2 001	v regulting less be recognized?			
18	Gai	ı arıy	resulting loss be recognized? ►			
19	Pro	vide	any other information necessary to im	plement the adjustment, such a	s the reportable tax year •	•
		Inde	r penalties of perium. I declare that I have	evamined this return, including acco	mnanying schedules and sta	tements, and to the best of my knowledge and
	i	belief,	, it is true, correct, and complete. Declaration	on of preparer (other than officer) is b	ased on all information of whi	ich preparer has any knowledge.
Sign	า			///		1111000
Her	_	Signa	ture Drum D &		Date ►	1/11/2019
		J		γ-		
	ı	Print y	your name ▶		Title►	
Pai	d		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Pre		er				self-employed
Use			Firm's name ▶			Firm's EIN ▶
			Firm's address ▶			Phone no.
Send	i Fori	m 89	37 (including accompanying statemen	ts) to: Department of the Treasu	ıry, Internal Revenue Servi	ıce, Ogden, UT 84201-0054