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 de				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 ▶					
_							_
_							_
							_
							_
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 ►				
_							
							_
							_
_							_
							_
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 ►	_				
_							
_							
_							
_							
_							_
_							_

Pa	rt II	Ì	Organizational Action (continued	<i>(</i>)			
17	Lis		applicable Internal Revenue Code sectio		which the tax t	reatment is based	>
18	Ca	n anv	resulting loss be recognized? ▶				
10	Oa	ii aiiy	Tesuring loss be recognized:				
19	Pro	ovide	any other information necessary to imple	ement the adjustment, such	as the reportab	le tax year ►	
		Under belief,	r penalties of perjury, I declare that I have exa it is true, correct, and complete. Declaration of	amined this return, including acc of preparer (other than officer) is	companying sche based on all infor	dules and statement mation of which prep	s, and to the best of my knowledge and parer has any knowledge.
Sig		,		,			, 0
Her	_	Signa	ture > Kody 6, Cal	>		Date ►	
		Drint ·	your name ►			Title ►	
D-:		r mil)	your name ► Print/Type preparer's name	Preparer's signature		Date	Chack if PTIN
Pai			· · ·				Check if self-employed
Prepa Use C			Firm's name ▶			1	Firm's EIN ▶
		ıııy	Firm's address ▶				Phone no.
Send	d For	m 89	37 (including accompanying statements)	to: Department of the Treas	sury, Internal Re	evenue Service, O	gden, UT 84201-0054