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		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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_							_				
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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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Pai	t II	Organizational Action (con	tinued)			
17	List the	applicable Internal Revenue Code	section(s) and subsection(s) upon wh	nich the tax treatment is based I	· .	
18	Can an	y resulting loss be recognized? ►				
19	Provide	e any other information necessary t	o implement the adjustment, such as	the reportable tax year ▶		
	Unde	er penalties of perjury, I declare that I h f. it is true, correct, and complete. Decla	have examined this return, including accomparation of preparer (other than officer) is based	npanying schedules and statements sed on all information of which prep	s, and to the best of my knowledge and arer has any knowledge.	
C:~.		,, , , , , , , , , , , , , , , , , , , ,	aration of proparor (other than other) to bar	554 C. a	a.o. nao any iniomoago.	
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	'	your name	Preparer's signature	Title ►	DTIM	
Paid		Print/Type preparer's name	rieparer s signature	Date	Check if	
	parer				self-employed	
	Only	Firm's name			Firm's EIN ▶	
		Firm's address ▶			Phone no.	
Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-						