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			e 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	tШ	Organizational Actio	n (continued)			
17	List th		e Code section(s) and subsec	tion(s) upon which the tax t	reatment is based ▶	•
18	Can a	anv resultina loss he recogniz	red?▶			
	Odire	arry recording receipt to recogniz				
19	Provi	de any other information nece	essary to implement the adjus	tment, such as the reportab	le tax year ►	
	Un	nder penalties of perjury, I declare	e that I have examined this return, etc. Declaration of preparer (other t	including accompanying sche han officer) is based on all info	dules and statements mation of which prepa	, and to the best of my knowledge and arer has any knowledge.
Sigr Here	<u> </u>	gnature ▶			Date ► 11/12/202	21
	Oig		4			
		int your name ► Print/Type preparer's name	Preparer's sign	ature	Title ► Date	Obsert T : PTIN
Pai			Tropardi 3 sign	V		Check if FIIN self-employed
	pare					Firm's EIN ▶
USE	Onl	Firm's address				Phone no.
Send	Form		ng statements) to: Department	of the Treasury, Internal Re	evenue Service, Ogo	