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 F	P.O. box if mail is not	t deli	ivered to street address) of contact	7 City, town, or post office, state, and ZIP code of conta	act				
_											
8	Date of a	action			9 Classification and description						
10	CUSIP number 11 Serial number(s)				12 Ticker symbol	13 Account number(s)	_				
10	Ti Genamber(5)			(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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_							_				
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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	С	Organizatio	nal Actio	n (con	tinued)							
17	List t	the a	applicable Inter	nal Revenu	ue Code	section	(s) and subsect	ion(s) upon w	hich the tax t	reatmen	t is based	.	
18	Can	any	roculting loss k	oo roogni:	70d2 >								
10	Call	arry	resulting loss i	Je recogniz	reu:								
19	Prov	ide s	any other inforr	mation nec	essanı tı	o implen	nent the adjusti	ment such as	the reportat	ole tav ve	ar >		
	1101	100	arry outlor irriorr	nation noo	Coodi y to	o impion	nont the adjusti	nont, saon a	ine reportat	no tax ye			
	U	Inder	penalties of perj	ury, I declar	re that I h	ave exam	nined this return, preparer (other th	including acco	mpanying sche	edules and	d statement	s, and to the	best of my knowledge and
0:		ellel,	it is true, correct	, and comple	ete. Decia	aration of	preparer (other tr	ian officer) is b	ased on all into	mation o	which pre	parer has any i	knowledge.
Sigr Her	a	ignat	ure ▶	van						Date ►	2/14/20	22	
					-					_			
		_	our name ► Print/Type prepa	arer's name			Preparer's signa	iture		Title ► Date		T _	., PTIN
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Pre			Firm's name	>								Firm's EIN	
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Send	Form				ng state	ments) t	o: Department	of the Treasu	ry, Internal R	evenue S	Service, O	-	201-0054