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)	
_	Nama	f contact for ad	ditional information	4	Telephone No. of contact	E Cool address of contest		
3	Name of contact for additional information			4	relephone No. of contact	5 Email address of contact		
6	Number	and street (or F	P.O. box if mail is not	t 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			
	011010		1					
10	CUSIP number 11 Serial number(s)		(s)	12 Ticker symbol	13 Account number(s)			
Ð	art II	Organizatio	onal Action Attac	ch a	additional statements if needed S	See back of form for additional questions.		
14						late against which shareholders' ownership is measured for		
	the ac	_			,			
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15	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 or as a percentage of old basis ►							
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16	Descri	be the calculati	on of the change in b	oasis	s and the data that supports the calcu	ulation, such as the market values of securities and the		
		ion dates ►	· ·			,		
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Pai	rt II	Organizational Action (continued)	
17		he applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment	ent is based ▶
18	Can	any resulting loss be recognized? ▶	
	Ouri		
19	Provi	de any other information necessary to implement the adjustment, such as the reportable tax y	year ▶
	Ur be	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules ar dief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information	nd statements, and to the best of my knowledge an of which preparer has any knowledge.
Sigr			
Her	_	gnature ▶ Date ▶	. 1/13/25
	Pr	int your name ► Title ►	
Pai			9/2024 Check if PTIN
	u pare	er \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	self-employed
	On		Firm's EIN ▶
		Firm's address ▶	Phone no.
Send	Form	8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue	Service, Ogden, UT 84201-0054