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 del | | | | ivered to street address) of contact | 7 City, town, or post office, state, and ZIP code of contact | | | |
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| | | | | | | | | | |
| 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 ▶ | | | | | | | |
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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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| Par | t II | Organizational Action (c | anizational Action (continued) | | | | | |
|------|------------|---|---|-----------------------------------|-------------------------------------|--|--|--|
| 17 | List th | applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ | | | | | | |
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| 18 | Can a | ny reculting loss be recognized? | | | | | | |
| 10 | Oana | ny resulting loss be recognized: | | | | | | |
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| 19 | Provid | le any other information necessar | y to implement the adjustment, such as | the reportable tax year | | | | |
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| | Und | der penalties of periury. I declare that | I have examined this return, including according | mpanving schedules and statements | and to the best of my knowledge and | | | |
| | | | eclaration of preparer (other than officer) is ba | | | | | |
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| Her | e Sigi | nature • | | Date ►2/11 | /22 | | | |
| | Prir | nt your name ► | | Title ► | | | | |
| Paid | | Print/Type preparer's name | Preparer's signature | Date | Check if PTIN | | | |
| | a parei | r | | | self-employed | | | |
| | Only | | | | Firm's EIN ▶ | | | |
| | | Firm's address ▶ | | | Phone no. | | | |
| Send | Form 8 | 3937 (including accompanying sta | atements) to: Department of the Treasu | ry, Internal Revenue Service, Og | den, UT 84201-0054 | | | |