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 conta	act		
8	Date of action				9 Classification and description				
10	CUSIP number 11 Serial number(s)				12 Ticker symbol	13 Account number(s)	_		
10	COSIF Humber 11 Serial Humber(s)		(5)	12 Ticker Symbol	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	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 or as a percentage 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	Org	anizational A	ction (continued))			· · · · · · · · · · · · · · · · · · ·
17	List th	ne appl	licable Internal Re	venue Code section	n(s) and subsection(s) ι	pon which the tax t	treatment is based ▶	·
18	Can a	inv rae	ulting loss he reco	ognized? ►				
10	Oana	illy 103	diting loss be rece					
19	Provid	de any	other information	necessary to imple	ment the adjustment, s	uch as the reportat	ole tax year ▶	
	LIn	der ner	nalties of perium. I de	Leclare that I have eva	mined this return including	a accompanying sche	adules and statements	and to the best of my knowledge and
	bel	lief, it is	true, correct, and co	omplete. Declaration of	f preparer (other than office	er) is based on all info	rmation of which prepare	arer has any knowledge.
Sign	ı							
Here	_	nature	>				Date ►	
		,						
	Pri		name ►				Title ►	
Paid	ď	Prir	nt/Type preparer's na	ame	Preparer's signature	Chika Pater	Date 3 / 29 / 2023	Check if PTIN
	pare	r			70	WALKY PULL	5/29/2023	self-employed
	Onl	y Firm	m's name					Firm's EIN ▶
<u></u>	Га:	_	n's address ▶	anning atetaras (1-)	to. Depositor and after 1		avanua Camina Car	Phone no.
send	LOIM	სუა/ (I	псиину ассотра	anying statements)	to: Department of the	reasury, miernai R	evenue Service, Ugo	Jen, UT 04201-0004