## 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 deliv				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		escribe the 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 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	Organizational Action (contin	nued)		
17	List the	applicable Internal Revenue Code se	ection(s) and subsection(s) upon w	hich the tax treatment is based ▶	
18	Can an	y resulting loss be recognized? ▶			
		, , , , , , , , , , , , , , , , , , , ,			
19	Provide	e any other information necessary to	implement the adjustment, such as	s the reportable tax year ▶	
		er penalties of perjury, I declare that I hav			
	belie	ef, it is true, correct, and complete. Declara	ation of preparer (other than officer) is ba	ased on all information of which prepa	rer has any knowledge.
Sign	1				
Here	Sign	ature ▶		Date ►	
	Jagar				
	Print	your name ▶		Title►	
De:		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Paid			Partiku T	3/29/2023	self-employed
	oarer	Firm's name	l		Firm's EIN ▶
Use	Only	Firm's address >			Phone no.
Send	Form 8	937 (including accompanying statem	ents) to: Department of the Treasu	rv. Internal Revenue Service, Occ	
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