Form **8937**(December 2011) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

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_	art I	Reporting	issuer				1			
1	Issuer's	name		2 Issuer's employer identification number (EIN)						
_	Nama	of contact for ad-	ditional information	4 T	olophone No. of cont	ant	5 Email address of contact			
3	Name of contact for additional information 4 1			4 1	Telephone No. of contact		5 Email address of contact			
6	Number	r and street (or F	P O box if mail is not	delive	ered to street address	s) of contact	7 City, town, or post office, state, and Zip code of conta			
Ŭ	Number and street (or P.O. box if mail is not delivered to street address) of contact						1 only, town, or post onlos, state, and Elp code of conta			
8	Date of action 9 C				9 Classification and	Classification and description				
10	CUSIP number 11 Serial number(s)			(s)	12 Ticker	symbol	13 Account number(s)			
P	art II	Organization	onal Action Atta	ch ad	ditional statements	if needed. S	See back of form for additional questions.			
14	Descr	ibe the organiza	itional action and, if a	applica	able, the date of the a	action or the d	date against which shareholders' ownership is measured for			
	the ac	ction ►								
15	Donor	ibo the guentite	tive offect of the ergo	onizoti	ional action on the ba	aia of the accu	curity in the hands of a U.S. taxpayer as an adjustment per			
13			age of old basis ►	ailizati						
	Silaic	or as a percent	age of old basis F							
16	Descr	ibe the calculati	on of the change in b	oasis a	and the data that sup	ports the calcu	culation, such as the market values of securities and the			
	valuat	tion dates ►								

Par	t II (Organizational Action (c	ontinued)		
			ode section(s) and subsection(s)	upon which the tax treatmer	nt is based ▶
18	Can any	resulting loss be recognized?	>		
19	Provide	any other information necessar	ry to implement the adjustment,	such as the reportable tax y	ear▶
	belief				d statements, and to the best of my knowledge and f which preparer has any knowledge.
Sign Here	.	ature Kimberly	C Perry	Date ▶	1/14/22
		U	U		
	Print	your name ►	Duran amanda da da	Title ►	
Paid Prei	d parer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed
	Only	Firm's name ▶			Firm's EIN ▶
_50	y	Firm's address ▶			Phone no

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054