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 | | | t deli | 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 | | | | | | late against which shareholders' ownership is measured for | _ |
| | the act | ion ▶ | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| _ | | | | | | | _ |
| _ | | | | | | | _ |
| | | | | | | | _ |
| | | | | | | | _ |
| 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 o | or as a percenta | age of old basis ► | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| _ | | | | | | | |
| | | | | | | | _ |
| | | | | | | | _ |
| _ | | | | | | | _ |
| | | | | | | | _ |
| 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 ► | _ | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| _ | | | | | | | |
| _ | | | | | | | |
| _ | | | | | | | |
| _ | | | | | | | |
| _ | | | | | | | _ |
| _ | | | | | | | _ |

| Par | Part II Organizational Action (continued) | | | | | | | |
|------|---|---|---|--|-------------------------|--|--|--|
| 17 | List th | applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ► | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 18 | Can a | ny resulting loss be recognized | ?▶ | | | | | |
| | ouna | 11y 100011111g 1000 50 1000g111200 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 19 | Provio | le any other information necess | sary to implement the adjustment, sucl | h as the reportable tax year | | | | |
| 15 | TIOVIC | c any other information neces. | sary to implement the adjustment, such | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | nat I have examined this return, including a Declaration of preparer (other than officer) | | | | | |
| Sigr | | or, it is true, correct, and complete | Designation of property (other than officer) | is based on all imornation of which prep | arei nas any knowledge. | | | |
| Here | _ | nature • | a | Date ► | 24 | | | |
| | Prir | nt your name ► | | Title► | | | | |
| Paid | b | Print/Type preparer's name | Preparer's signature | Date | Check if PTIN | | | |
| | - pare | r | | | self-employed | | | |
| | Only | Firm's name ► | | | Firm's EIN ▶ | | | |
| Sand | Eorn (| Firm's address > | statements) to: Department of the Treatment | ocury Internal Payonus Comicas Or | Phone no. | | | |
| Send | COULT | beer uncluding accompanying | statements) to Department of the Trea | asury, iriterrial nevertue service, Ug | uon, u r 04201-0004 | | | |