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 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	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	Org	anizational Action (continued	()				
17	List th	ne appl	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶					
18	Can a	anv res	ulting loss be recognized? ▶					
	Juine	arry 100						
19	Provid	de anv	other information necessary to imple	ament the adjustment such as t	he renortable tax year >			
15	1 1001	ac arry	other information necessary to imple	inent the adjustment, such as t	ne reportable tax year >			
			nalties of perjury, I declare that I have exa			ements, and to the best of my knowledge and		
Cian		ilei, it is	tide, correct, and complete. Declaration of	or preparer (other than officer) is bas-	sa on all illionnation of white	on preparer has any knowledge.		
Sign Here			O B. a Ma A day					
			▶ P. Bradley Adams		Date ►			
			name ►	Preparer's signature	Title ► Date	_ DTIN		
Paid			nt/Type preparer's name	i reparer a arginature	Date	Check if PTIN self-employed		
Pre			m's name					
Use	Onl		n's name ► n's address ►			Firm's EIN ▶ Phone no.		
Send	Form	_	including accompanying statements)	to: Department of the Treasury	, Internal Revenue Servi			