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)
_	Nama	f contact for ad	ditional information	4	Telephone No. of contact	E Cool address of contest	
3	Name of contact for additional information			4	relephone No. of contact	5 Email address of contact	
6	Number	and street (or F	P.O. box if mail is not	t 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		
	011015		1				
10	CUSIP r	number	11 Serial number	(s)	12 Ticker symbol	13 Account number(s)	
Ð	art II	Organizatio	onal Action Attac	ch a	additional statements if needed S	See back of form for additional questions.	
14						late against which shareholders' ownership is measured for	
	the ac	_			,		
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_							
15	Descri	be 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	
			age of old basis ►				
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16	Descri	be the calculati	on of the change in b	oasis	s and the data that supports the calcu	ulation, such as the market values of securities and the	
		ion dates ►	· ·			,	
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Par	t II	Organizational Action (contin	ued)		
17	List th	ne applicable Internal Revenue Code se		nich the tax treatment is based	•
18	Can a	ny resulting loss be recognized? ► _			
10	Oana	Try resulting loss be recognized:			
19	Provid	de any other information necessary to in	mplement the adjustment, such as	the reportable tax year ▶	
	Lin	der penalties of perjury, I declare that I have	o oversized this return, including accor	ananying schodules and statements	and to the best of my knowledge and
	bel	ief, it is true, correct, and complete. Declaration	ion of preparer (other than officer) is ba	sed on all information of which prepared	arer has any knowledge.
Sigr	1	1. 10.			
Here	.	nature > fleet/bloo-		Date ► 2/	15/2024
		nt your name ► Print/Type preparer's name	Preparer's signature	Title ► Date	Oharda Dir PTIN
Paid					Check if self-employed
	pare				Firm's EIN ▶
use	Onl	Firm's address			Phone no.
Send	Form	8937 (including accompanying statement	ents) to: Department of the Treasur	y, Internal Revenue Service, Og	