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				
	011010		1						
10	CUSIP number 11 Serial number(s			(s)	12 Ticker symbol	13 Account number(s)			
Ð	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 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. taxpaver as an adjustment per			
10	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 or as a percentage 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	С	Organizational Action (continued	d)				
17	List t		applicable Internal Revenue Code section		which the tax tr	eatment is	based ►	
18	Can :	anv	resulting loss be recognized? ►					
	.	 ,						
19	Provi	ide a	ıny other information necessary to impl	ement the adjustment, such	as the reportab	le tax year I	>	
					as the reportable tax year companying schedules and statements, and to the best of my knowledge and based on all information of which preparer has any knowledge. Date 2/15/2024 Title Date Check if PTIN self-employed			
	Ur	nder elief,	penalties of perjury, I declare that I have ex it is true, correct, and complete. Declaration	amined this return, including according of preparer (other than officer) is	companying scheor based on all infor	dules and sta mation of wh	atements, a nich prepare	and to the best of my knowledge are real to the best of my knowledge.
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		•	ure ►			_		
	<u> </u>	_	our name ► Print/Type preparer's name	Preparer's signature				PTIN
Paid			Jee p. eparor o marrio	17 2.3				Check if ' '''' self-employed
	pare		Firm's name ▶	1		1		Firm's EIN ▶
USE	On	יעי ר	Firm's address ▶					Phone no.
Send	Form	_	37 (including accompanying statements	s) to: Department of the Treas	sury, Internal Re	venue Serv		