## 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				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		Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for									
	the act	ion ▶									
_							_				
_							_				
							_				
							_				
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 ►								
_											
							_				
							_				
_							_				
							_				
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	t II	Organizational Action (continued	d)		
17		e applicable Internal Revenue Code section		rhich the tax treatment is based	
18	Can ar	ny resulting loss be recognized? ►			
	our a				
_					
19	Provid	le any other information necessary to impl	ement the adjustment, such as	s the reportable tax year ▶	
	Unc	der penalties of perjury, I declare that I have ex ef, it is true, correct, and complete. Declaration	amined this return, including acco	mpanying schedules and statements ased on all information of which prep	, and to the best of my knowledge and arer has any knowledge.
Sign Here	_	nature MA Auk		Date ▶ 08/23/	2021
	Oigi				
		nt your name ► Print/Type preparer's name	Preparer's signature	Title ► Date	Ohani 🗆 🕳 PTIN
Paid			opa.c. o orginataro		Check if self-employed
	oarer				Firm's EIN ▶
use	Only	Firm's address ►			Phone no.
Send	Form 8	3937 (including accompanying statements	s) to: Department of the Treasu	ry, Internal Revenue Service, Og	