## Form **8937**(December 2011) Department of the Treasury Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

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_	art I	Reporting	issuer				1				
1	Issuer's	name		2 Issuer's employer identification number (EIN)							
_	Nama	of contact for ad-	ditional information	4 T	olophono No. of cont	ant	5 Email address of contact				
3	Name of contact for additional information 4				Telephone No. of contact		5 Email address of contact				
6	Number	r and street (or F	P O box if mail is not	delive	ered to street address	s) of contact	7 City, town, or post office, state, and Zip code of conta				
Ū	Number and street (or P.O. box if mail is not delivered to street address) of contact						1 only, town, or post onlos, state, and Elp code of conta				
8	Date of action 9				9 Classification and	Classification and description					
10	CUSIP number 11 Serial number(s)			(s)	12 Ticker	symbol	13 Account number(s)				
P	art II	Organization	onal Action Atta	ch ad	ditional statements	if needed. S	See back of form for additional questions.				
14	Descr	ibe the organiza	itional action and, if a	applica	able, the date of the a	action or the d	date against which shareholders' ownership is measured for				
	the ac	ction ►									
15	Donor	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									
13			age of old basis ►	ailizati							
	Silaic	or as a percent	age of old basis F								
16	Descr	ibe the calculati	on of the change in b	oasis a	and the data that sup	ports the calcu	culation, such as the market values of securities and the				
	valuat	tion dates ►									

Par	t II	Organization	nal Action (continued	)		
17	List th	e applicable Interi	nal Revenue Code section	n(s) and subsection(s) upon wl	nich the tax treatment	is based ▶
-						
18	Can a	ny reculting less b	oo rooggizad?			
10	Carra	rry resulting loss b	e recognized :			
19	Provic	de any other inforn	nation necessary to imple	ment the adjustment, such as	the reportable tax yea	ar ▶_
	Und beli	der penalties of perjuites, it is true, correct.	ury, I declare that I have exau	mined this return, including accon of preparer (other than officer) is ba	npanying schedules and s sed on all information of	statements, and to the best of my knowledge and which preparer has any knowledge.
Sign		,	and completel Bestalation o	r proparor (ourse main oursely to be		e. p. opa.oac a,eeage.
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	Drin	nt your name ►			Title►	
Da:		Print/Type prepa	arer's name	Preparer's signature	Date	Chock if PTIN
Paid						Check if   ' '''   self-employed
Prep Use			<u> </u>			Firm's EIN ▶
	<u> </u>	Firm's address				Phone no.
Send	Form 8			to: Department of the Treasur	y, Internal Revenue Se	ervice, Ogden, UT 84201-0054