

Part II Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ IRC§ 301(c)(2)

18 Can any resulting loss be recognized? ▶ No

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ These actions are effective on the date of the distribution identified in Box 14 of the attached schedule.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature ▶ *Erin Marof* Date ▶ 09-25-2014

Paid Preparer Use Only	Print your name ▶ <u>Erin Marof</u>	Preparer's signature	Date	Title ▶ <u>Director Financial Reporting, Products</u>
	Print/Type preparer's name			Check <input type="checkbox"/> if self-employed ^{PTIN}
	Firm's name ▶			Firm's EIN ▶
	Firm's address ▶			Phone no.