

Part II Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ _____

368(a)(1)(G)

354

358

18 Can any resulting loss be recognized? ▶ NO

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A

Sign Here

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.

Signature ▶ _____ Date ▶ _____

Print your name ▶ _____ Title ▶ _____

Paid Preparer Use Only

Print/Type preparer's name MARK HAMRE	Preparer's signature <i>MOM</i>	Date 5/22/2017	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00852688
Firm's name ▶ POPE, SHAMSIE & DOOLEY LLP			Firm's EIN ▶ 01-0635794	
Firm's address ▶ 4201 W. PARMER LANE, B-200, AUSTIN, TX 78727			Phone no. 512-836-1186	