

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 Section 301(c)(2).**

Blank lines for listing applicable Internal Revenue Code sections.


18 Can any resulting loss be recognized? ▶ **No tax loss is recognized.**

Blank lines for providing information regarding tax loss recognition.

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ **These actions are effective on the dates of distribution identified above.**

Blank lines for providing other information necessary to implement the adjustment.

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 ▶  Date ▶ 1/14/2021
Print your name ▶ **Matt Lopez** Title ▶ **Chief Financial Officer**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			