



**Part II Organizational Action (continued)**

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ►  
Internal Revenue Code sections 301 and 316 and the regulations thereunder.

18 Can any resulting loss be recognized? ►  
not applicable

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ►  
not applicable

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 ► [Handwritten Signature] Date ► 12/18/14

Print your name ► Bonnie Shab-Gayle Title ► VP TAX

**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.	