1 Issuer's name

► See separate instructions.

2 Issuer's employer identification number (EIN)

Part I Reporting Issuer

 3 Name of contact for additional information ARTHUR GALLOWAY 6 Number and street (or P.O. box if mail is not 33 YONGE STREET, STE. 320 8 Date of action 		ne No. of contact (416) 955-4108 street address) of contact	5 Email address of contact agalloway@pictonmahoney.com 7 City, town, or post office, state, and ZI	P code of contact	
6 Number and street (or P.O. box if mail is no 33 YONGE STREET, STE. 320	ot delivered to			P code of contact	
6 Number and street (or P.O. box if mail is no 33 YONGE STREET, STE. 320	ot delivered to			P code of contact	
33 YONGE STREET, STE. 320		,	· · · · · · · · · · · · · · · · · · ·		
8 Date of action			TORONTO, ONTARIO M5E 1G4	TORONTO, ONTARIO M5E 1G4	
	9 Clas	sification and description			
SEE BELOW 10 CUSIP number 11 Serial number		"RETURN OF CAPITAL" DIS 12 Ticker symbol	13 Account number(s)		
	(0)				
N/A N/A	\	N/A	N/A		
Part II Organizational Action Atta	ach additiona		e back of form for additional questions.		
the action RETURN OF CAPITAL AS	ganizational ac	TRIBUTIONS THAT OCCUI	e against which shareholders' ownership is n RRED THROUGHOUT THE 2024 TAXABLE ity in the hands of a U.S. taxpayer as an adjustication o	YEAR	
16 Describe the calculation of the change in valuation dates ► N/A	basis and the	data that supports the calcul	ation, such as the market values of securities	and the	
For Paperwork Reduction Act Notice, see th	no sonarato Inc	structions	Cat. No. 37752P Form	8937 (12-2017)	

The information contained herein is being provided pursuant to the requirements of Section 6045B of the Internal Revenue Code of 1986, as amended. The information in this document does not constitute tax advice and should not be construed to take into account any shareholder's specific circumstances. Holders and nominees should consult their own tax advisors regarding the particular tax consequences of the organizational action (as described in this document) to them, including the applicability and effect of all U.S. federal, state, and local and foreign tax laws.

Form 89					Page 2
Part		Organizational Action (cor	tinued)		
17 Li	ist the	applicable Internal Revenue Code	e section(s) and subsection(s) upon which	ch the tax treatment is based I	•
IRC SE	CTION	301(c)(2), 312 AND 316			
18 C	an anv	/ resulting loss be recognized? ►	N/A		
	,	,			
19 P	rovide	any other information necessary	to implement the adjustment, such as the	he reportable tax year ► <u>N/A</u>	
	Unde	r penalties of perjury, I declare that I	nave examined this return, including accomp	panying schedules and statements	, and to the best of my knowledge and
	belief	, it is true, correct, and complete. Dec	aration of preparer (other than officer) is base	ed on all information of which prep	arer has any knowledge.
Sign					
Here	Signa	ature ►		Date ►	
	Print	your name 🕨		Title ►	
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Prepa	arer				self-employed
Use (July	Firm's name			Firm's EIN 🕨

 Use Only
 Firm's address

 Firm's address
 Phone no.

 Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054