

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)**

Blank lines for listing applicable Internal Revenue Code sections.

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

Blank lines for providing information regarding resulting loss recognition.

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ **The actions are effective on the date(s) of distribution identified above.**

Blank lines for providing other necessary information for the adjustment.

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 ▶ <i>Richard A. Doyle</i>	Date ▶ 1/23/13		
Paid Preparer Use Only	Print your name ▶ Richard A. Doyle	Preparer's signature	Title ▶ Treasurer	Check <input type="checkbox"/> if self-employed
	Print/Type preparer's name		Date	PTIN
	Firm's name ▶		Firm's EIN ▶	
	Firm's address ▶		Phone no.	