Form **8937**(December 2011) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Part I Reporting Issuer								
1 Issuer's name	· · ·	2 Issuer's employer identification number (EIN)						
See attached schedule		98-0434200						
3 Name of contact for additional information 4 Telephone No. of contact				5 Email address of contact				
Michelle Munro			416-307-5300	Michelle.Munro@fmr.com				
6 Number and street (or F	P.O. box if mail is not	7 City, town, or post office, state, and Zip code of contact						
483 Bay Street, Suite 300		Toronto, Ontario, M5G 2N7						
8 Date of action								
See column 15 of attached	schedule	Non-taxa	ble cash/stock distribution					
10 CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)				
See attached schedule Part II Organization	N/A	h additional	N/A	N/A ack of form for additional questions.				
Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action A non-taxable cash or stock distribution was made to shareholders. See column 15 of the attached schedule for the date								
of the organizational action	n.			· · · · · · · · · · · · · · · · · · ·				
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Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis > See attached schedule.								
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				, such as the market values of securities and the				
				2 and the regulations thereunder. Amounts				
distributed in excess of ea	rnings and profits r	educed the s	hareholder's tax basis in its sh	ares (to the extent of basis).				

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		. 12-2011)			Page 2
Part	II U	Organizational Action (conti	nued)		
17 L	ist the	applicable Internal Revenue Code s	ection(s) and subsection(s) upon which the tax treatment	t is based ▶	IRC§ 301(c)(2)
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		1900 1900 1900 1900 1900	Section 12.		:
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18 (an any	resulting loss be recognized? ► I	No.		
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19 F	Provide	any other information necessary to	implement the adjustment, such as the reportable tax ye	ar ▶ Thoso :	actions are effective on the
		stribution identified in column 15		1110300	actions are effective off the
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	Unde	er penalties of perjury, I declare that I have	ve examined this return, including accompanying schedules and	statements, a	nd to the best of my knowledge and
	belie	f, it is true, correct, and complete, Declar	ation of preparer (other than officer) is based on all information of	f which prepare	er has any knowledge.
Sign			in A		
Here	Signa	ature and	7 crey Date ▶	900	26/17
	Date:	Comercia Manager		CVD OF-	Saminas and Olo
D-:-	_ Print	your name ► Cameron Murray Print/Type preparer's name	Title ► Preparer's signature Date		Services and CIO
Paid Prep	arer				Check if ' '" self-employed
Use		Firm's name ▶		F	Firm's EIN ▶
	,	Firm's address ▶			Phone no.
Send F	orm 89	337 (including accompanying statem	nents) to: Department of the Treasury, Internal Revenue S	Service, Oade	en. UT 84201-0054