► See separate instructions.

Part I Reporting I	ssuer						
1 Issuer's name 2 Issuer's employer identification number							
See attached schedule	for list of issuers	Fidelity EIN: 98-0434200 - see attached schedule fo Issuer level EIN.					
<b>3</b> Name of contact for additional information <b>4</b>		4 Telephon	4 Telephone No. of contact		5 Email address of contact		
Amanda Thomas		416-307-	416-307-5483		amanda.thomas@fidelity		
6 Number and street (or P	.O. box if mail is not	7 City, town, or post office, state, and ZIP code of contact					
483 Bay Street, Suite 30	0				Toronto, Ontario, M5G 2N7		
8 Date of action	9 Class	9 Classification and description		<u> </u>			
see column 15 of attache	ed schedule	Non-t	Non-taxable cash/stock distribution				
10 CUSIP number   11 Serial number(s)		s)	12 Ticker symbol		13 Account number(s)		
see attached schedule N/A			N/A		N/A		
Part II Organizatio	onal Action Attac	ch additional	statements if neede	ed. See ba	ck of form for additional questions.		
0	tional action and, if a	applicable, the	e date of the action or t	he date aga	inst which shareholders' ownership is measured for		
the action ►	stock distributio	n was made	to shareholders	See colum	nn 15 of the attached schedule for the date		
of the organizational a		iii was maac					
	-	anizational act	ion on the basis of the	security in t	the hands of a U.S. taxpayer as an adjustment per		
share or as a percenta	° _						
	··						
	on of the change in t	basis and the o	data that supports the	calculation,	such as the market values of securities and the		
valuation dates ►	s and profits wo	ro ostimato	d under IPC & 312	and the re	egulations thereunder. Amounts		
					sis in its shares (to the extent of basis).		
	<u>n carnings and p</u>			- 5 LAN DA			

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)

No

18 Can any resulting loss be recognized? ►

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ The actions are effective on the date of the distribution identified in column 15 of the attached schedule.

		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	Signa	ature / Khl	-	Date ►	April 23, 2024					
	Print	your name Kevin Barber		Title ►	SVP Client Services					
Paid Prepa Use C	ror	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed					
					Firm's EIN ►					
	-	Firm's address ►			Phone no.					

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