

Part II Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶
See Attachment.

18 Can any resulting loss be recognized? ▶ See Attachment.

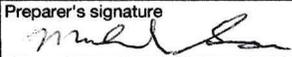
19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶
See Attachment.

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 ▶ _____ Date ▶ _____

Print your name ▶ _____ Title ▶ _____

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Michael Savage, Of Counsel		1/10/23		5000-80527R
	Firm's name ▶ Sichezia, Ross, Ference, Carmel, LLP	Firm's EIN ▶ 13-4001032		Phone no. 646-810-2170	
Firm's address ▶ 1185 Avenue of the Americas, 31st floor, New York, N.Y. 10036					