

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 ▶ January 12, 2022

Print your name ▶ Todd Falk Title ▶ Chief Accounting Officer

| | | | | | |
|-------------------------------|---|---|---------------------------|---|--------------------------|
| Paid Preparer Use Only | Print/Type preparer's name <u>Michael L Johnston</u> | Preparer's signature  | Date <u>01/12/2022</u> | Check <input type="checkbox"/> if self-employed | PTIN <u>P01297549</u> |
| | Firm's name ▶ <u>Deloitte TAX LLP</u> | | | Firm's EIN ▶ <u>86-1065772</u> | |
| | Firm's address ▶ <u>1111 Bagby Suite 4500, Houston, Texas, 77002-2591</u> | | | Phone no. <u>713 382 2000</u> | |