



**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](#)

Blank lines for listing Internal Revenue Code sections.

18 Can any resulting loss be recognized? ▶ [SEE ATTACHMENT](#)

Blank lines for providing information on resulting loss recognition.

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ [SEE ATTACHMENT](#)

Blank lines for providing other necessary information.

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 ▶ *Chad Monroe* Date ▶ Apr 17, 2025  
Print your name ▶ CHAD MONROE Title ▶ CFO

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TANNER FLOOD	<i>Tanner Flood</i>	Apr 17, 2025		P00854776
	Firm's name ▶ ALVAREZ & MARSAL TAX, LLC	Firm's EIN ▶ 20-1157630	Firm's address ▶ 700 LOUISIANA, SUITE 3300, HOUSTON, TX 77002		
				Phone no.	713-571-2400