► See separate instructions.

Part	Reporting I	ssuer							
1 lss	uer's name				2	Issuer's employer identification number (EIN)			
	Cambridge Moi			N/A					
<b>3</b> Na	me of contact for add	ditional information	4 Telephon	e No. of contact	5	5 Email address of contact			
Ι	Duarte Boucinh	a	416-681	l-1752	d	dboucinha@ci.com			
<b>6</b> Nu	mber and street (or P	P.O. box if mail is not	delivered to s	street address) of contact	7 (	7 City, town, or post office, state, and Zip code of contac			
2	2 Queen Street	East, 20th Floo	or		Т	Toronto, Ontario, M5C 3G7			
<b>8</b> Da	te of action		9 Classification and description						
Ί	Tax Year 2016			Non-taxable di	istributio	ibution			
10 CL	JSIP number	11 Serial number(	s)	12 Ticker symbol	13	Account number(s)			
۲	N/A	'A N/A		N/A		N/A			
Part			ch additiona		-				
	he action ►	A non-tax taxation ye	able distri ear. See qu	bution was made to	shareho nit infor	which shareholders' ownership is measured for olders throughout the 2016 mation of the return of capital			
<b>15</b> D	Describe the quantitat	ive effect of the ora	nizational act	ion on the basis of the secu	urity in the h	ands of a U.S. taxpayer as an adjustment per			
	hare or as a percenta								
		-	pasis and the	data that supports the calcu	ulation, such	as the market values of securities and the			
V	aluation dates ►	N/A							
						- 0007 (10 001)			

Form 8937	(Rev.	12-2011)
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Pa	tll	Organiza	ational Ac	tion (con	tinued)									
17						and subs	section(s)	upon wh	ch the tax	treatment	is based I	IRC sect 312 and	tion 301(c)(2), 316	
			·											
18	Can an	ny resulting l	oss be recog	gnized? ►	N/A	L								
19	Provide	e anv other i	information n	acassany ti	o implem	ont the adi	ustment	such as t	he report:	ahla tay va	ar 🕨	N/A		
15	TIOVIU	e any other i	mormation n	iecessary to		ent the auj	ustinent,	Such as		able lax ye	ai 🕨	11/11		
												and to the bes arer has any kno	t of my knowledge and	
0:		ei, it is true, co			aration of p	reparer (otri	er than on	cer) is bas	eu on an in	Iornation of	which prepa	arer has any kno	Jwiedge.	
Sigr Her				/							16/2	/2017		
	Sign	Signature ►			Da			_ Date ►	10/2	/ 201/				
	Drimi	Print your name David Pauli					<b>-</b>					tle► EVP		
		Print/Type	preparer's nan	ne		Preparer's s	ignature			Title ► Date		Chock	PTIN	
Paie	a parer											Check if self-employed		
	e Only		ie 🕨		I					· · · · · · · · · · · · · · · · · · ·		Firm's EIN ►		
036 011														

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

Firm's address ►