See separate instructions.

Part Reporting Issuer

P	Reporting I	Issuer			
1	Issuer's name		2 Issuer's employer identification number (EIN)		
	Signature Incom	ne & Growth I	N/A		
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of contact
Duarte Boucinha			416-681	1-1752	dboucinha@ci.com
6	Number and street (or P	P.O. box if mail is not	delivered to s	street address) of contact	7 City, town, or post office, state, and Zip code of contact
2 Queen Street East, 20th Floo)r		Toronto, Ontario, M5C 3G7
8	Date of action		9 Classification and description		
	Tax Year 2015			Non-taxable di	stribution
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)
	N/A	N/A		N/A	N/A
D,			ob additional	_	ee back of form for additional questions.
					· · ·
14	-				ate against which shareholders' ownership is measured for
	the action ►	A non-tax	able distri	bution was made to	shareholders throughout the 2015
		taxation vo	ear. See qu	estion 15 for per un	nit information of the return of capital
		•	1	ghout the 2015 taxab	≜
		mat occur		gnout the 2015 taxat	bic year.
46	Describe the guartitet	ive offect of the ever	nizational oat	ion on the basis of the easy	with in the bands of a LLC, townships as an adjustment new
15					rity in the hands of a U.S. taxpayer as an adjustment per
	share or as a percenta	age of old basis	0.27925 р	er unit	
16	Describe the calculati	on of the change in h	asis and the	data that supports the calcu	lation such as the market values of securities and the
10	Describe the calculation of the change in basis and the data that supports the calcula valuation dates \triangleright N/A			nation, such as the market values of securities and the	
		11/11			

Form	8937	(Rev. 12-2011)

Pa	t II	Organizational Action (continued)			
17	List the	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tre	eatment is based Ⅰ	• I <u>RC section 301(c)(2),</u> 312 and 316
18	Can an	\prime resulting loss be recognized? \blacktriangleright _ N/ A	A		
19	Provide	any other information necessary to implem	nent the adjustment, such as the reportable	e tax year ►	N/A
		· · · ·			
	Linde	r penalties of perjury, I declare that I have exami	ined this return including accompanying schedu	ules and statements	and to the best of my knowledge, and
	belie	, it is true, correct, and complete. Declaration of	preparer (other than officer) is based on all inform	nation of which prepa	arer has any knowledge.
Sigr		ΛηΛ			
Her	e Signature ► Print your name ► David Pauli			Date▶ 11/26	/2015
<u> </u>			Preparer's signature	Title▶ COO Date	Ohanta III if PTIN
Paie	d parer		-		Check if self-employed
	e Only	Firm's name			Firm's EIN ►
-		1			1

Send Form 8937 (including accompanyi	ng statements) to: Department of the Treas	sury, Internal Revenue Service, Ogden, UT 84201-0054

Phone no.

Firm's address ►