See separate instructions.

Part I Reporting Issuer

	and Reporting	ssuer									
1	Issuer's name			2 Issuer's employer identification number (EIN)							
	Cambridge U.S.			N/A							
3	Name of contact for add	litional information	4 Telephon	e No. of contact		5 Email address of contact					
	Duarte Boucinh	a	416-681	1-1752		dboucinha@ci.com					
6	Number and street (or 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 conta					
	2 Queen Street	East, 20th Floo	or			Toronto, Ontario, M5C 3G7					
8	Date of action		9 Classification and description								
	Tax Year 2014			Non-taxable d	listribu	ribution					
10	CUSIP number	11 Serial number(s)	12 Ticker symbol 13 Account number(s		13 Account number(s)					
	N/A	N/A		N/A		N/A					
Pa			ch additional		See back	k of form for additional questions.					
14	Describe the organization ►					est which shareholders' ownership is measured for cholders throughout the 2014					
		ormation of the return of capital									
		that occur:	red throug	ghout the 2014 taxa	able yea	ar.					
15	Describe the quantitat share or as a percenta	-			urity in th	e hands of a U.S. taxpayer as an adjustment per					
			•								
16	Describe the calculation valuation dates ►	on of the change in $k N/A$	basis and the o	data that supports the calc	ulation, s	uch as the market values of securities and the					

Form 8937	(Rev.	12-2011)
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Pa	t II	Organiz	ational Ac	tion (continu	ued)										
17	List the			enue Code se		and subsect	tion(s) upor	which the	e tax trea	atment	t is based	I► II 3	<u>RC</u> sect 12 and	<u>ion 30</u> 316	1(c)(2),
18	Can ar	ny resulting	loss be reco	gnized?►	N/A										
19	Provid	le any other	information r	necessary to in	npleme	ent the adjust	ment, such	as the rep	ortable	tax ye	ar 🕨	Ν	/A		
		-			-	-				-					
				clare that I have nplete. Declarati											owledge and
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Her						/				ata 🕨	03-2	24-20	015		
	Sigr	nature ►						D	Date► 03-24-						
	Prin	nt vour name	your name► David Pauli						Т	Title► COO					
Pai		Print/Type	preparer's na	me	P	Preparer's signa	ature			Date		Che	eck 🗌 if	PTIN	
	a parer	·											f-employed		
	e Only		ne 🕨									Firr	n's EIN ►		
	j											Dha			