See separate instructions.

Part Reporting Issuer

	Issuer's name	issuer	2 Issuer's employer ide	2 Issuer's employer identification number (EIN)				
			NT / A					
3	Cambridge Mont			(F15) e No. of contact	5 Email address of contact			
	Duarte Boucinha			-681-1752	dboucinha@ci.con			
6	lumber and street (or P.O. box if mail is not delivered to street address) of c			street address) of contact	7 City, town, or post office, s	7 City, town, or post office, state, and ZIP code of contact		
	2 Queen Street East, 20th Floor				Toronto, Ontario	Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	ification and description				
	Tax Year 2019			Non-taxable distribution				
10	CUSIP number 11 Serial number(s))	12 Ticker symbol	13 Account number(s)			
	NT / A							
Pa	N/A art II Organizati	N/A		N/A	N/A ee back of form for additional q	uestions		
14	-				te against which shareholders' owr			
17	the action ►				olders throughout the 2019			
					e return of capital that occur			
		the 2019 tax		unit information of the	e return or capital that occur			
15	Describe the quantita	tive effect of the orga	nizational act	ion on the basis of the secur	ity in the hands of a U.S. taxpayer	as an adjustment per		
	Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis 0.23307 per unit							
			i					
16	Describe the calculati	on of the change in b	ncic and the	data that supports the calcul	ation, such as the market values of	f socurities and the		
10	valuation dates >	N/A		data tilat supports tile calcul	ation, such as the market values of	securities and the		
		11/11						
.	Paperwork Reduction	Act Notice see the	conarato Inc	tructions	Cat. No. 37752P	Form 8937 (12-2017)		

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Part		Organizational Action (continued)			,
17 L	_ist the	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tr	eatment	is based I	 IRC section 301(c)(2), 312 and 316
					512 and 510
		27/1			
18 (Can any	v resulting loss be recognized? ►N/A			
19 F	Provide	any other information necessary to implement the adjustment, such as the reportabl	e tax yea	ar 🕨	N/A
	Unde belief	r penalties of perjury, I declare that I have examined this return, including accompanying scheor, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform	lules and mation of	statements which prepa	, and to the best of my knowledge and arer has any knowledge.
Sign		$-\mathbf{h}$			
Here	e Signature ►		Date Mar 31, 2019		
				D. 11	
	Print	your name ► Darie Urbanky Print/Type preparer's name Preparer's signature	Title ► Date	Presid	ent and Chief Operating Office
Paid	0 46 -				Check if self-employed
Prep Use		Firm's name	·		Firm's EIN ►
000	Jiny	Firm's address ►			Phone no.