► See separate instructions.

	Issuer's name	Issuer			2 Issuer's employ	er identification number (EIN)	
•							
	Cambridge Month		N/A				
3 Name of contact for additional information 4				No. of contact		5 Email address of contact	
	Duarte Boucinha		416-	681-1752	dboucinha@o	zi.com	
6 Number and street (or P.O. box if mail is not delive			delivered to st	reet address) of contact	7 City, town, or post of	7 City, town, or post office, state, and ZIP code of contact	
	2 Queen Street East, 20th Floor				Toronto, Ontario		
8	Date of action		9 Classi	fication and description			
	Tax Year 2020			Non-taxable distribution			
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number	(s)	
	N/A	N/A		NT/A	NI/A		
Pa	-		n additional	N/A statements if needed. Se	ee back of form for addition	onal questions.	
14	-					rs' ownership is measured for	
	the action ►				holders throughout the	-	
					e return of capital that		
		the 2020 tax			Ĩ		
15	Describe the quantitat	tive effect of the organ	nizational action	on on the basis of the secu	ritv in the hands of a U.S. tax	paver as an adjustment per	
15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an a share or as a percentage of old basis ► 0.09306 per unit							
		<u> </u>		unt			
16	Describe the calculation	on of the change in ba	asis and the d	ata that supports the calcu	lation, such as the market va	lues of securities and the	
	valuation dates >	N/A					
		,					
For	Paperwork Reduction	Act Notice, see the	separate Inst	ructions.	Cat. No. 37752P	Form 8937 (12-2017	

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Pa	rt II	Drganizational Action (continued)							
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tr	reatment is based ▶	►					
				312 and 316					
40	Con on	resulting lass he recognized $\sim N/A$							
18	Can an	resulting loss be recognized? ► N/A							
19	Provide	any other information necessary to implement the adjustment, such as the reportabl	le tax year ►	N/A					
	Und	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.							
Sigr		-+							
Her	<u> </u>		Date March 31, 2020						
		your name ► Darie Urbanky Print/Type preparer's name Preparer's signature	Title ► President	and Chief Operating Officer					
Paie	d parer	Print/Type preparer's name Preparer's signature		Check if self-employed					
	e Only	Firm's name		Firm's EIN ►					
	,	Firm's address 🕨		Phone no.					

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