► See separate instructions.

	Reporting	Issuer			2 loguaria amplayari	dentification number (EIN)		
1	Issuer's name		2 issuer's employer i	2 Issuer's employer identification number (EIN)				
	Lawrence Park St	rategic Income F	und (I)		N/A	N/A		
3	Name of contact for ad	ditional information	4 Telephor	e No. of contact	5 Email address of cor	itact		
Duarte Boucinha		416	-681-1752	dboucinha@ci.c	dboucinha@ci.com			
6 Number and street (or P.O. box if mail is not delive				street address) of contact	7 City, town, or post office	e, state, and ZIP code of contact		
	2 Queen Street East, 20th Floor				Toronto, Onta	ario, M5C 3G7		
8	Date of action		9 Class	sification and description				
	Tax Year 2019			Non-taxable di	istribution	ibution		
10	CUSIP number	11 Serial number	s)	12 Ticker symbol	13 Account number(s)			
	N/A	N/A	\	N/A	N/A			
Pa				-	e back of form for additiona	al questions.		
14					e against which shareholders' of			
	the action ►				olders throughout the 20			
					e return of capital that occ			
		the 2019 tax	-	unit information of the		und unoughout		
			<u>abio jean</u>					
15	Describe the quantita	tive effect of the ora:	nizational ac	tion on the basis of the securi	ty in the hands of a LLS taxnay	ver 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 adjustment per share or as a percentage of old basis 0.15489 per unit							
	share of as a percent		0.13469 pe	i uiiii				
16			basis and the	data that supports the calcula	ation, such as the market values	s of securities and the		
	valuation dates	N/A						
						- 0007		
For	Paperwork Reduction	Act Notice, see the	separate Ins	structions.	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	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	Juny	Firm's address ►			Phone no.	