See separate instructions.

Part Reporting Issuer

	ssuer's name		Desire Reporting issuer 1 Issuer's name Image: State Stat					
	S:			N/A				
Signature Corporate Bond Corporate Class 3 Name of contact for additional information 4 Telep				e No. of contact	5 Email address of conta			
•			-					
Duarte Boucinha				-681-1752	dboucinha@ci.com			
6 N	umber and street (or P.O. box if mail is not delivere			street address) of contact	7 City, town, or post office,	state, and ZIP code of contact		
	2 Queen Street Ea	ast, 20th Floor			Toronto, Ontari	io, M5C 3G7		
8 [Date of action			ification and description				
	Tax Year 2019			Non-taxable o				
10 (O CUSIP number 11 Serial number(s)			12 Ticker symbol	13 Account number(s)			
	NT / A							
Par	N/A	N/A		N/A	ee back of form for additional of	questions		
14	-				te against which shareholders' ow	-		
14	the action ►				holders throughout the 2019			
					e return of capital that occu			
		the 2019 tax	1		e ietuin of capital that occu			
			j					
15	Describe the quantitat	tive effect of the orga	nizational act	ion on the basis of the secu	rity in the hands of a U.S. taxpaye	r 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 > 0.06950 per unit							
			i					
16	Describe the coloulati	on of the change in b	naio and the	data that augments the colou	lation such as the market values	of accuritics and the		
10	valuation dates >	N/A		uata that supports the calcu	lation, such as the market values of	of securities and the		
		11/11						
						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	Jiny	Firm's address ►			Phone no.		