► See separate instructions.

Ρ	ant Reporting I	ssuer					
1	Issuer's name				2 Issuer's employer identification number	EIN)	
	Cambridge Gro	wth Companie	N/A				
			4 Telephon	e No. of contact	5 Email address of contact		
Duarte Boucinha 416-681			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 c	ontact	
	2 Queen Street	East, 20th Floo	or		Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	ification and description			
	Tax Year 2015			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			ch additional		See back of form for additional questions.		
14					ate against which shareholders' ownership is measured	for	
	the action ►	A non-tax	able distri	bution was made to	shareholders throughout the 2015		
		taxation ye	ear. See qu	uestion 15 for per un	nit information of the return of capital		
		that occur	red throug	<u>ghout the 2015 taxal</u>	ble year.		
15	Describe the quantitat share or as a percenta	-			rity in the hands of a U.S. taxpayer as an adjustment pe	r	
16	Describe the calculation valuation dates ►	on of the change in $k N/A$	basis and the o	data that supports the calcu	ulation, such as the market values of securities and the		

Form	8937	(Rev. 12-2011)

Pa	t II	Organizational Action (continued)			
17	List the	applicable Internal Revenue Code section(	s) and subsection(s) upon which the tax tre	eatment is based Ⅰ	• I <u>RC section 301(c)(2),</u> 312 and 316
18	Can an	$\prime$ resulting loss be recognized? $\blacktriangleright$ _ N/ A	A		
19	Provide	any other information necessary to implem	nent the adjustment, such as the reportable	e tax year ►	N/A
		· · · ·			
	Linde	r penalties of perjury, I declare that I have exami	ined this return including accompanying schedu	ules and statements	and to the best of my knowledge, and
	belie	, it is true, correct, and complete. Declaration of	preparer (other than officer) is based on all inform	nation of which prepa	arer has any knowledge.
Sigr		ΛηΛ			
Her	e <sub>Signa</sub>	ature ►		Date▶ 11/26	/2015
	Print your name ► David Pauli				
<u> </u>			Preparer's signature	Title▶ COO Date	Ohanta III if PTIN
Paie	d parer		-		Check if self-employed
	e Only	Firm's name			Firm's EIN ►
-		1			1

Send Form 8937 (including accompanyi	ng statements) to: Department of the Treas	sury, Internal Revenue Service, Ogden, UT 84201-0054

Phone no.

Firm's address ►