## Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Part I Reporting Issu	uer							
1 Issuer's name		2 Issuer's employer identification number (EIN)						
See Box 1 of the attached sche	edule	V/A						
3 Name of contact for addition		4 Telephone No. of contact		5 Email address of contact				
Shannon Taylor		905-331-4242		staylor@portlandic.com				
6 Number and street (or P.O. I	box if mail is not	7 City, town, or post office, state, and ZIP code of contact						
1375 Kerns Road, Suite 100				Burlington, Ontario L7P 4V7				
8 Date of action		<b>1</b>						
See Box 14 of the attached sch	hedule	See Box	9 of the attached schedule					
	Serial number(		12 Ticker symbol	13 Account number(s)				
See Box 10 of schedule  Part II Organizationa	See Box 11 of		See Box 12 of schedule	See Box 13 of attached schedule				
				back of form for additional questions.  against which shareholders' ownership is measured for				
the action ► See Box 14			date of the action of the date	against which shareholders ownership is measured for				
	***************************************							
				<u> </u>				
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 ► See Box 15 of attached schedule								
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				ion, such as the market values of securities and the 312, and the regulation thereunder. Amounts in excess				
of earnings and profits reduce								
	100.00							
The state of the s								
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Par	Ш	Organizational Action (continued	()						
17	List the	e applicable Internal Revenue Code sectio		the tax treatment is based ▶	IRC§ 301(c)(2)				
18	Can ar	ny resulting loss be recognized? ► No							
		And the second s	William Willia						
					MAIN .				
				1.1.200					
		e any other information necessary to imple		e reportable tax year ► <u>These</u>	actions are effective on the				
uate	or trie c	distribution identified in Box 14 of the a	ttached Schedule.						
	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.							
Sign									
Here		Signature ► "Shannon Taylor" Date ► "January 31, 2023"							
	D. J.	t your name ▶ Shannon Taylor Title ▶ Director, Financial Reporting							
		t your name ► Shannon Taylor  Print/Type preparer's name	Preparer's signature	Title ► Director,  Date	DTIN				
Paic		7			Check if self-employed				
Prepare Use On					Firm's EIN ▶				
use	Unity	Firm's address ►			Phone no.				
Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054									