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 Issuer			
1 Issuer's name	2 Issuer's employer identification number (EIN)		
See Box 1 of the attached schedule	V/A		
3 Name of contact for additional information	4 Telephor	ne No. of contact	5 Email address of contact
Shannon Taylor	905-331-4242	staylor@portlandic.com	
6 Number and street (or P.O. box if mail is n	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 9 Classification and description			Burnington, Ontano E/1 447
See Box 14 of the attached schedule	See Box	9 of the attached schedule	
10 CUSIP number 11 Serial number		12 Ticker symbol	13 Account number(s)
See Box 10 of schedule See Box 11 of Part II Organizational Action Att		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 of attached s		e date of the action or the date	against which shareholders' ownership is measured for
Describe the quantitative effect of the organization share or as a percentage of old basis ▶	ganizational ac See Box 15 of	tion on the basis of the security attached schedule	in the hands of a U.S. taxpayer as an adjustment per
	gs and profits	were estimated under IRC §3	on, such as the market values of securities and the 312, and the regulation thereunder. Amounts in excess
The state of the s		charge to the extent of	
			The state of the s

Pari		Organizational Action (continued)				
		e applicable Internal Revenue Code section(s	s) and subsection(s) upon which the tax to	eatment	is based ▶	IRC§ 301(c)(2)

,				.,		
18	Can a	ny resulting loss be recognized? ► No		w-		
	A					
				h		
				,,,,		
						A
						et a compare et a compare et a
		de any other information necessary to implem distribution identified in Box 14 of the atta		ole tax ye	ar ▶ <u>These</u>	actions are effective on the
uate	Ji uie	uistribution identified in Box 14 of the atta	iched Schedule.			Al-V

	Un bel	der penalties of perjury, I declare that I have exam ief, it is true, correct, and complete. Declaration of	iined this return, including accompanying sche preparer (other than officer) is based on all info	edules and rmation of	l statements, which prepa	and to the best of my knowledge and er has any knowledge.
Sign						
Here	- 1	Signature ► "Shannon Taylor"			Jan	uary 31, 2024
		nt your name ► Shannon Taylor Print/Type preparer's name	Preparer's signature	Title ► Date	Director, F	Financial Reporting
Paid						Check if self-employed
	oare Only					Firm's EIN ▶
		Firm's address ▶				Phone no.
Send	Form	8937 (including accompanying statements) to	o: Department of the Treasury, Internal R	evenue S	ervice, Ogd	en, UT 84201-0054