

**Report of Organizational Actions  
Affecting Basis of Securities**

▶ See separate instructions.

**Part I Reporting Issuer**

1 Issuer's name			2 Issuer's employer identification number (EIN)	
See Box 1 of the attached schedule			N/A	
3 Name of contact for additional information		4 Telephone No. of contact	5 Email address of contact	
Erin Marof		905-331-4242	emarof@portlandic.com	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact			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		
See Box 14 of the attached schedule		See Box 9 of the attached symbol		
10 CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)	
See Box 10 of schedule	See Box 11 of schedule	See Box 12 of schedule	See Box 13 of attached schedule	

**Part II Organizational Action** Attach additional statements if needed. See back of form for additional questions.

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ▶ See Box 14 of attached schedule

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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 ▶ See Box 15 of the attached schedule

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16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ▶ The taxpayer's earnings and profits were estimated under IRC §312, and the regulation thereunder. Amounts in excess of earnings and profits reduce the shareholder's tax basis in its shares to the extent of the basis.

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**Part II** Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ IRC§ 301(c)(2)

Multiple horizontal lines for listing applicable Internal Revenue Code sections.

18 Can any resulting loss be recognized? ▶ No

Multiple horizontal lines for providing information regarding loss recognition.

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ These actions are effective on the date of the distribution identified in Box 14 of the attached schedule.

Multiple horizontal lines for providing other necessary information.

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 ▶ *Erin Marof* Date ▶ Jan. 22, 2018  
Print your name ▶ Erin Marof Title ▶ Director Financial Reporting, Products

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	