## 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)		
CyberconIQ International	Corn (formarly 120	None		
3 Name of contact for ad		5 Email address of contact		
James Norrie		inorrie@cyberconiq.com 7 City, town, or post office, state, and ZIP code of contact		
6 Number and street (or I	P.O. box if mail is not	7 City, town, or post office, state, and zir code of contact		
221 W. Philadelphia St.				York, PA 17401
8 Date of action				
November 29, 2021	T	Common	. <del>, </del>	40. A
10 CUSIP number	11 Serial number	(s)	12 Ticker symbol	13 Account number(s)
B1/A	N/A		N/A	N/A
N/A Part II Organizati	onal Action Atta	ch additional	statements if needed. S	See back of form for additional questions.
14 Describe the organization	ational action and, if	applicable, the	date of the action or the d	late against which shareholders' ownership is measured for
the action ► See At				-
			tion on the basis of the one	write in the bands of a LLS, taxpaver as an adjustment per
15 Describe the quantit share or as a percen				curity in the hands of a U.S. taxpayer as an adjustment per
share or as a percen	tage of old basis	see Attacnme	nt.	
		4		
The state of the s				
			***************************************	
<u> </u>				
16 Describe the calcula	ation of the change in	basis and the	data that supports the cal	culation, such as the market values of securities and the
valuation dates ► s	ee Attachment.			
				_ 0007

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Par	t II C	rganizational Action (continued)		
		pplicable Internal Revenue Code section(s) and subsection(s) upon which the ta	x treatment is based ▶	See Attachment.
18	Can any	resulting loss be recognized? ► See Attachment.		
	was the same and t			
19	Provide	any other information necessary to implement the adjustment, such as the repo	rtable tax year ► <u>See Att</u>	achment.
	Und	or penalties of perjury, declare that I have examined this return, including accompanying f, it is true, correct, and complete. Declaration of preparer (other than officer) is based on al	schedules and statements,	and to the best of my knowledge and ter has any knowledge.
Sig	ın	, it is true, correct, and complete, decidation or property (cartor disast office)	1/	12
He	re   Sign	ature Vy 1907	Date >	12022
_		your name ► \$ 465 KigGi N 5 Print/Type preparer's name Preparer's signature	Title CFC	Check if PTIN
Pa Pr	id eparer	This type property of the control of		self-employed
Us	e Only	Firm's address ▶		Firm's EIN ▶ Phone no.
Ser	nd Form 8	937 (including accompanying statements) to: Department of the Treasury, Interr	nal Revenue Service, Ogd	en, UT 84201-0054