

Part II Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ _____

[Section 305\(a\)](#)

[Section 307 \(a\)](#)

18 Can any resulting loss be recognized? ▶ [Not Applicable](#)

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ [2017](#)

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 ▶ **Dick Burch** Digitally signed by Dick Burch
DN: cn=Dick Burch, o=South Atlantic Bank, ou=South Atlantic Bank,
email=dburch@southatlanticbank.com, c=US
Date: 2016.02.23 14:13:29 -0500 Date ▶ _____

Print your name ▶ **Richard N Burch** Title ▶ **CFO**

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|-------------------------------|----------------------------|----------------------|------|---|--------------|
| 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. |