U.S. Postal Service TM
CERTIFIED MAIL TM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage

Certified Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Sent To

Sent To

Sireet, Not. No.
Or PO Box No.
The male Required Coverage Provided)

Sent To

Sireet, Not. No.
Or PO Box No.
City, State, ZIP+4

Cadden, UT S420 -0054

See Reverse for Instructions

## 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	İssuer			VIVIALE
1 Issuer's name				2 Issuer's employer identification number (EIN)
Annaly Capital Manageme		22-3479661		
3 Name of contact for additional Information 4 Tele			e No. of contact	5 Email address of contact
Investor Inquiries  6 Number and street (or P.O. box if mail is not delivered to s			1-888-826-6259	investor@annaly.com
o rumber and street (or F	.O. dox if mail is not o	ielivered to s	treet address) of contact	7 City, town, or post office, state, and ZIP code of contact
1211 Avenue of the Americ	one Alet El			Name Varily NIV 40000
8 Date of action	Ca5, 415t F1	New York, NY 10036		
		o diade	ification and description	
See Part II, Line 14		Common	Stock - Distribution	
10 CUSIP number	11 Serial number(s)		12 Ticker symbol	13 Account number(s)
			·	
035710409	N/A		NLY	N/A
				e back of form for additional questions.
				e against which shareholders' ownership is measured for
the action ► <u>During</u>	the year ended Dece	mber 31, 20	19, the issuer distributed a	mounts to its shareholders, a portion of which
constituted a non-taxable	return of capital. The	return of ca	pital on a per share basis i	is as follows:
	Distribution Date	Ar	nount per Share	
12/31/2018	01/31/2019	MIII	\$0.0773933	
03/29/2019	04/30/2019		\$0.0773933	
06/28/2019	07/31/2019		\$0.0644944	
09/30/2019	10/31/2019		\$0.0644944	
share or as a percenta	ge of old basis ► A p	ortion of the	distribution made by Ann	ty in the hands of a U.S. taxpayer as an adjustment per aly Capital Management Inc. in 2019 attributable to the list basis under Section 301(c)(2). The return of capital
on a per share basis is list				
	1849			
valuation dates ► <u>Ann</u>	aly Capital Managem	ent Inc. cal	culated Earnings and Profit	ation, such as the market values of securities and the ts in accordance with IRC Section 312, as modified by The amount of distributions in excess of Earnings and
Profits reduces shareholde				•
	***************************************			

Part		Organizational Action (continue	d)		
17 Li	st the	applicable Internal Revenue Code section	on(s) and subsection(s) upon which the tax	k treatment is based ▶	Sections 301, 312 and 316.
				,	
					***************************************
					W
			······································		
******	···		· · · · · · · · · · · · · · · · · · ·		
18 Ca	an any	resulting loss be recognized? ► No lo	ss can be recognized by the common selections	hareholders as a resi	ult of the return of capital.
	•				
		· · · · · · · · · · · · · · · · · · ·			
	***				
*****					
					The state of the s
				·	
			ement the adjustment, such as the reporta	ıble tax year ▶ <u>The re</u> j	orting tax year is the year
		ber 31, 2019.	1		the first of the f
		reholders were informed on a timely t	hed on the company's website under in	vestor relations and	istributed via the transfer
agonari		normed on a timery i	ousis of the fetal is of capital.		
				***************************************	
				<del></del>	
		* * * * * * * * * * * * * * * * * * * *			
			74P4((((((),0))))		
					•
1	Under belief,	penalties of perjury, I declare that I have exa it is true, correct, and complete. Declaration	amined this return, including accompanying sch of preparer (other than officer) is based on all inf	nedules and statements, a ormation of which prepare	nd to the best of my knowledge and or has any knowledge.
Sign Here	Signat	iure	107		1/20
	Print y	our name ► Serena Wolfe		Title ► Chief Finar	cial Officer
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Prepa				<del></del>	elf-employed
Use O	nly	Firm's name			firm's EIN ▶
Send For	m 89	Firm's address ►  37 (including accompanying statements)	to: Department of the Treasury, Internal F		<sup>p</sup> hone no. n, UT 84201-0054