

UNIVERSITY OF MYSORE



Office of the Registrar
Crawford Hall
MYSURU-570005
INDIA

Prof. R. Rajanna

Registrar

Phone: +918212419222 (O)

Invoice

November 22, 2018

To
Larry S. Sherman, Ph.D.
Professor, Division of Neuroscience
Oregon National Primate Research Center
Department of Cell, Developmental, and Cancer Biology
Oregon Health and Science University
505 NW 185th Avenue, Beaverton, Oregon 97006
(503) 346-5490 (office); (503) 346-5518 (lab)
(503) 346-5513 (fax)
E-mail: ShermanL@ohsu.edu

Project Name: Generation and purification of compounds for Sherman/DOD
Multiple Sclerosis

Research Project Cost: \$15,000 US

Indian Collaborator: Dr. Basappa, Department of studies in Organic
Chemistry, University of Mysore, Manasagangotri, Mysore

Basappa
Dr. Basappa
PI, USA Project.

Dr. Basappa A. M.Sc., Ph.D.
Assistant Professor
Department of Studies in Organic Chemistry
University of Mysore
Manasagangotri, Mysore-570 005, India

Rajanna
(Registrar)
Registrar
University of Mysore
Mysore-570 005

Certificate of Foreign Government or Other Foreign Organization for United States Tax Withholding and Reporting

(For use by foreign governments, international organizations, foreign central banks of issue, foreign tax-exempt organizations, foreign private foundations, and governments of U.S. possessions.)

OMB No. 1545-1621

Department of the Treasury
Internal Revenue Service

- ▶ Go to www.irs.gov/FormWBEXP for instructions and the latest information.
- ▶ Section references are to the Internal Revenue Code.
- ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Do not use this form for:

- A foreign government or other foreign organization that is not claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) **W-8BEN-E or W-8ECI**
- A beneficial owner solely claiming foreign status or treaty benefits **W-8BEN or W-8BEN-E**
- A foreign partnership or a foreign trust **W-8BEN-E or W-8IMY**
- A person claiming that income is effectively connected with the conduct of a trade or business in the United States **W-8ECI**
- A person acting as an intermediary **W-8IMY**

Instead, use Form:

Part I Identification of Beneficial Owner

1 Name of organization UNIVERSITY OF MYSORE	2 Country of incorporation or organization INDIA
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3 Type of entity	<input checked="" type="checkbox"/> Foreign government <input type="checkbox"/> International organization <input type="checkbox"/> Foreign central bank of issue (not wholly owned by the foreign sovereign)	<input type="checkbox"/> Foreign tax-exempt organization <input type="checkbox"/> Foreign private foundation <input type="checkbox"/> Government of a U.S. possession
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4 Chapter 4 Status (FATCA status):

<input type="checkbox"/> Participating FFI. <input type="checkbox"/> Reporting Model 1 FFI. <input type="checkbox"/> Reporting Model 2 FFI. <input type="checkbox"/> Registered deemed-compliant FFI (other than a Reporting Model 1 FFI). <input type="checkbox"/> Nonreporting IGA FFI. Complete Part III. <input type="checkbox"/> Territory financial institution. Complete Part III. <input type="checkbox"/> International organization.	<input checked="" type="checkbox"/> Foreign government (including a political subdivision), government of a U.S. possession, or foreign central bank of issue. Complete Part III. <input type="checkbox"/> Exempt retirement plan of foreign government. Complete Part III. <input type="checkbox"/> 501(c) organization. Complete Part III. <input type="checkbox"/> Passive NFFE. Complete Part III. <input type="checkbox"/> Direct reporting NFFE. <input type="checkbox"/> Sponsored direct reporting NFFE. Complete Part III.
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5 Permanent address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address).

KRISHNARAJA BOULEVARD ROAD, K.G KOPPAL City or town, state or province. Include postal code where appropriate.	Country INDIA
MYSURU, KARNATAKA 570006 6 Mailing address (if different from above).	Country INDIA

City or town, state or province. Include postal or ZIP code where appropriate.	Country
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7 U.S. TIN, if required (see instructions)	8a GIIN	b Foreign TIN (see instructions)
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9 Reference number(s) (see instructions)

Part II Qualification Statement for Chapter 3 Status

10 For a foreign government:
a I certify that the entity identified in Part I is a foreign government within the meaning of section 892 and the payments are within the scope of the exemption granted by section 892.
Check box 10b or box 10c, whichever applies.

b The entity identified in Part I is an integral part of the government of _____.

c The entity identified in Part I is a controlled entity of the government of _____.

11 For an international organization:
 I certify that:
• The entity identified in Part I is an international organization within the meaning of section 7701(a)(18), and
• The payments are within the scope of the exemption granted by section 892.

12 For a foreign central bank of issue (not wholly owned by the foreign sovereign):
 I certify that:
• The entity identified in Part I is a foreign central bank of issue,
• The entity identified in Part I does not hold obligations or bank deposits to which this form relates for use in connection with the conduct of a commercial banking function or other commercial activity, and
• The payments are within the scope of the exemption granted by section 895.

Part II Qualification Statement for Chapter 3 Status (continued)**13 For a foreign tax-exempt organization, including foreign private foundations:**

If any of the income to which this certification relates constitutes income includible under section 512 in computing the entity's unrelated business taxable income, attach a statement identifying the amounts.

Check either box 13a or box 13b.

- a I certify that the entity identified in Part I has been issued a determination letter by the IRS dated _____ that is currently in effect and that concludes that it is an exempt organization described in section 501(c).
- b I have attached to this form an opinion from U.S. counsel concluding that the entity identified in Part I is described in section 501(c).

For section 501(c)(3) organizations only, check either box 13c or box 13d.

- c If the determination letter or opinion of counsel concludes that the entity identified in Part I is described in section 501(c)(3), I certify that the organization is not a private foundation described in section 509. I have attached an affidavit of the organization setting forth sufficient facts for the IRS to determine that the organization is not a private foundation because it meets one of the exceptions described in section 509(a)(1), (2), (3), or (4).
- d If the determination letter or opinion of counsel concludes that the entity identified in Part I is described in section 501(c)(3), I certify that the organization is a private foundation described in section 509.
- 14 For a government of a U.S. possession:**
 I certify that the entity identified in Part I is a government of a possession of the United States, or is a political subdivision thereof, and is claiming the exemption granted by section 115(2).

Part III Qualification Statement for Chapter 4 Status (if required)**15 For a nonreporting IGA FFI:**

- I certify that the entity identified in Part I:
- Meets the requirements to be considered a nonreporting financial institution pursuant to an applicable IGA between the United States and _____;
 - Is treated as a _____ under the provisions of the applicable IGA (see instructions); and
 - If you are an FFI treated as a registered deemed-compliant FFI under an applicable Model 2 IGA, provide your GIIN: _____

16 For a territory financial institution:

- I certify that the entity identified in Part I is a financial institution (other than an investment entity) that is incorporated or organized under the laws of a possession of the United States.

17 For a foreign government (including a political subdivision), government of a U.S. possession, or foreign central bank of issue:

- I certify that the entity identified in Part I is the beneficial owner of the payment and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).

18 For an exempt retirement plan of a foreign government:

- I certify that the entity identified in Part I:
- Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6 or an applicable Model 1 or Model 2 IGA) to provide retirement, disability, or death benefits to beneficiaries or participants that are current or former employees of the sponsor (or persons designated by such employees); or
 - Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6 or an applicable Model 1 or Model 2 IGA) to provide retirement, disability, or death benefits to beneficiaries or participants that are not current or former employees of such sponsor, but are in consideration of personal services performed for the sponsor.

19 For a 501(c) organization:

- I certify that the entity identified in Part I is an entity described in section 501(c) but is not an insurance company described in section 501(c)(15).

20 For a passive NFFE:

- a I certify that the entity identified in Part I is a foreign entity that is not a financial institution (other than an investment entity organized in a possession of the United States).

Check box 20b or 20c, whichever applies.

- b I further certify that the entity identified in Part I has no substantial U.S. owners, or
- c I further certify that the entity identified in Part I has provided a statement including the name, address, and TIN of each substantial U.S. owner of the NFFE (see instructions).

21 Name of sponsoring entity:

- I certify that the entity identified in Part I is a direct reporting NFFE that is sponsored by the entity identified in line 21.

Part IV Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- The organization for which I am signing is the beneficial owner of the income and other payments to which this form relates,
- The beneficial owner is not a U.S. person,
- For a beneficial owner that is a controlled entity of a foreign sovereign (other than a central bank of issue wholly owned by a foreign sovereign), the beneficial owner is not engaged in commercial activities within or outside the United States, and
- For a beneficial owner that is a central bank of issue wholly owned by a foreign sovereign, the beneficial owner is not engaged in commercial activities within the United States.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the payments of which I am the beneficial owner or any withholding agent that can disburse or make payments of the amounts of which I am the beneficial owner.

I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

Sign Here



Signature of Authorized official

**Registrar
University of Mysore
Mysore-570 005**

Print name

Date (MM-DD-YYYY)

I certify that I have the capacity to sign for the entity identified on line 1 of this form.

11/6/2020

Payment from OHSU - salundibasappa@gmail.com - Gmail

Thu, Dec 27, 2018, 3:25 AM

Louise Sacha <sachal@ohsu.edu>

Good Afternoon Dr Basappa Salundi,

My name is Louise Sacha and I work with Dr Larry Sherman at OHSU in Portland, Oregon. We have received your recent invoice for \$15,000 and I have submitted it to our accounting department for processing. Before payment can be issued we are required to have a completed W8 form from your institution. Please find attached a copy for your review and signature. Please return the signed copy to me.

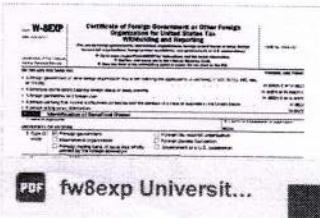
Many thanks,
Louise

Louise C. Sacha

Administrative Services Manager, OHSU
Oregon National Primate Research Center
Division of Neuroscience-L584
sachal@ohsu.edu

Project Coordinator, INIAstress Consortium
iniaetoh@ohsu.edu
www.iniastress.org

p: 503 346-5489



11/6/2020

Mail from Prof. L. Sherrman - salundibasappa@gmail.com - Gmail

Mail from Prof. L. Sherrman ▶ Inbox



Girish Kesturu <ksgbaboo@gmail.com>

to me ▾

Fri, Oct 27, 2017, 10:14 AM



Dear Kesturu,

Greetings from Portland! I hope that you and your family are doing well?

A few things.

1) I have attached an early draft of the "SuBr3" paper. I am still working on the figures but if you can give the text so far a look I'd greatly appreciate it. We have changed the names of the compounds you sent us as you requested, and now SuBr3 is "S3". Please add the names of others who were involved in generating these compounds as co-authors, and add their affiliations if needed.

2) We are getting close to trying SuBr3 in a non-human primate model of MS. We'll need substantial amounts of it, as clean as possible. We have up to \$15,000 US to support this; if your University can invoice my university for the costs that would be the best way to transfer the money to you. In any case, let me know when it would be possible to get that, and please forward the invoice to me.

All my best,

Larry

We need to take necessary action to transfer money from them.

Girish

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With Regards

Dr. **Girish** K.S

Professor in Biochemistry

Department of Studies and Research in Biochemistry

Tumkur University

Tumkur, INDIA