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NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER MN BOARD OF PHARMACY LICENSE NUMBER SENDERM COLF. Please include designation (i.e., MD, etc.) NAME OF PRACTITIONER MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO FRACTITIONERS IN MINNESOTA DURING THE FRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. ADDRESS OF PRACTITIONER 600 HAIGHTBERIDGE PLAY. LIKECHISHIFE, IL 60069 ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER PAYMENTS VALUE OF TYPE OF PAYMENTS



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MINNESOTA BOARD

David E. Holmstrom Executive Director Minnesota Board of Pharmacy 2829 University Avenue, SE, #350 Minneapolis, MN 55414-3251

November 20, 1997

Dear Mr. Holmstrom,

In response to your letter, regarding all the payments, honoraria, reimbursement, and other compensation paid to licensed practitioners in Minnesota during the preceding calendar year, we have no reportable activity for this calendar year.

If you have any question regarding this matter, please feel free to contact me at (516)

439-2029.

Michael Sosnowik President

Rx Department

TYPE OF PAYMENTS	VALUE OF PAYMENTS	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)
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MIN BOARD OF PHARMACY LICENSE NUMBER NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER Please include designation (i.e., MD, etc.) None -459848-2 Combe Incorporated NAME OF PRACTITIONER not applicable White Plains, New York 10604

Minnesota statutes require wholesale drug distributors to file with the board of pharmacy an annual report identifying all payments, honoraria, reimbursement other compensation authorized under section is1.461, clauses (3) to (5), fad to practitioners in minnesota during the preceding calendar year. The report shall identify the nature and value of any payments totaling \$100 or more, to a particular practitioner during the year, and shall identify the practitioner reports filed under this provision are public data. ADDRESS OF PRACTITIONER 1101 Westchester Avenue ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER **PAYMENTS** VALUE OF TYPE OF PAYMENTS