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November 11, 1997

Mr. David E. Holmstrom Mn. Board of Pharmacy 2829 University Ave S.E. Minneapolis, Mn. 55414

Re: Gifts to Practitioners

Dear Mr. Holmstrom,

This facility at 42 W. Water Str., Pharmacy License No. 459973-7, made no payments or other compensation to licensed practitioners within the last year. Attached is the completed form as requested.

Sincerely,

John Sever

3M Pharmaceuticals

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November 10, 1997

David Holmstrom Minnesota Board of Pharmacy 2829 University Avenue SE #530 Minneapolis, MN 55414-3251

Dear Mr. Holmstrom:

I am writing in response to your office memorandum, dated November 4, 1997, regarding Minnesota Licensed Drug Wholesalers & Drug Manufacturers. INCSTAR Corporation is a medical device manufacturer (Medical Device Establishment Registration No. 2182595) that distributes drugs as an incidental part of its device business. Therefore, in accordance with Minnesota Statute, Chapter 151, section 151.461, INCSTAR is not considered a manufacturer, a wholesale drug distributor, or agent under this section.

I have enclosed the annual report form as specified in your memorandum. Because, INCSTAR is not considered a wholesale drug distributor or manufacturer under section 151.461, the name and address sections of the annual report, which reference wholesale distributor and manufacturer information, have been left blank.

Please do not hesitate to contact me with questions at 612-779-1755.

Regards,

Kay Williams M.S.

INCSTAR Corporation

License No. 459979-5

Enclosure

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	RIBUTER/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTER	R	NAME OF WIIOLESALE DRUG DISTRIBUTOR/MANUFACTURER

David M. Pelison 1/10/97

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NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTR	
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MN BOARD OF PHARMACY LICENSE NUMBER	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 (1) TO (5), PAID TO PRACTITIONESS IN MINNESOTA DURING THE YEAR REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (1) TO (5), PAID TO PRACTITIONESS IN MINNESOTA DURING THE YEAR	BOARD OF PHARMACY AN AND SES (3) TO (5), PAID TO PRACTIT
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	MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER	NAME OF WHOSESALE DRUG DISTRIBUTOR/MANUFACTURER

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NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DING DISTRIBUTERMANUFACTURER
1685 Rice St. St. Paul Mr SS (13)

SETZER
PHARMACY
1685 Rice Street
Roseville, MN 55113-6899

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