									MONR	, ,	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	MN BOARD OF PHARMACY LICENSE NUMBER  400-233-4	NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER  LAVOPTIK COMPANY, TW
-									BLD Memore 120.	$000 \cdot 00$	ADDRESS OF PRACTITIONER	MINISSOIA STATULES REQUIRE WHOLESALE DROG DISTABLE WITH THE BOARD OF MARKET OF A THREE STATUS OF THE RECORD OF THE REPORT STALL 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.	7 - 1
		•	-	1**	,						PAYMENTS	SES (3) TO (5), PAID TO PRACTIII MENIS TOTALING \$100 OR MOI E PUBLIC DATA.	AVIAN OF PARTIES AND VALUE OF THE PARTIES OF THE PA
-											TYPE OF PAYMENTS	IONERS IN MINNESOTA DURING THE PRECEDING 12, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	2 JMM SSTOS 1684

											NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	360563-5	St. Cloud tospital	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
						Flow F Ment des	Oposo F. WE NEW UBESC If		more to report	3	ADDRESS OF PRACTITIONER	REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (3), FAX CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALIN AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	More wacy 1406 Ctit Aus No. St. Cloud III S 6303 minnesota statutes require wholesale drug distributors to tile with the board of pharmacy an annual report identifying all favments, honoraria.	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER
		·	•			66-19-1	o PAC				PAYMENTS	MENTS TOTALING \$100 OR MORE, TO PUBLIC DATA.	$\mathcal{N}_{c}$ S7. $\mathcal{C}$	MANUFACTUKER
											TYPE OF PAYMENTS	O A PARTICULAR PRACTITIONER DURING THE YEAR,	REPORT IDENTIFYING ALL FAYMENTS, HONORARIA.	

	4													A	Ľ	S
	·					tv.	-	÷					-		ADDRESS OF PRACTITIONER	SVL SVL SNL SNL SNL SNL SNL SNL SNL SNL SNL SN
				`						*	ę			¢	PAYMENTS	5590 LAND TO PRACTIFIC STOTALING SIM OR MORE
								,			***			·	TYPE OF PAYMENTS	M N 5590 L THE BOARD OF PEARMACY AN ARMUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA I, CLAUSES (3) TO (5), PAID TO PRACTIFIONERS IN MINNESOTA DURING THE PERCEDING UNY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTIFIONER DURING THE YEAR SION ARE PUBLIC DATA.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER MN BOARD OF PHARMACY LICENSE NUMBER RIVER VALLEY CLINIC PHARMACY Please include designation (i.e., MD, etc.) 360810-8 NAME OF PRACTITIONER NONE MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FLE WITH THE BOARD OF PHARMACY AN ANNUAL REFORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID 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 DRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER W. POINT DOUGLAS ROAD SUTH Mound NONE **PAYMENTS** VALUE OF COPPACE SPONG MN 550/6 JAN 08 1999 RECEIVED AT TYPE OF PAYMENTS NONE

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DIS		1 Con RAPITS MN
Marson North da	1	10nthdale 18	8102 25448
ICENSE NUMBER	MINNESOTA STATUGES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORAKIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE YEAR, OF A PARTICULAR PRACTITIONER DURING THE YEAR,	BOARD OF PHARMACY AN ANN SES (3) TO (5), PAID TO PRACTITI MENTS TOTALING \$1:0 OR MOR	UAL REPORT IDENTIFYING ALL FAYMENTS, HONORAKIA, ONERS IN MINNESOTA DURING THE PRECEDING E, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
	AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.  VALUE  VAL	VALUE OF	THE OF THE PROPERTY.
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	PAYMENTS	TYPE OF PAYMENTS
	1/2		
	" to et th		
	00/00		
	NC '		
		,	
		: **	

									l	No gifts parments	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	360740-0	Family Drug	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
									remainder of	honoraria etc was distributed	ADDRESS OF PRACTITIONER	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL FAYMENTS, HUNCKAMA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO FRACTITIONERS 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 WHOLESALE DRUG DISTRIBUTER/MANUFACTURER
				tv.						for 1998	PAYMENTS	EBOARD OF PHARMACY AN AN SES (3) TO (5), FAID TO PRACTI PMENTS TOTALING \$100 OR MC	Window MN	VMANUFACTURER
										God Junton RPh 12/13/4	TYPE OF PAYMENTS	NUAL REPORT IDENTIFYING AAL FAYMENTS, HOWOKANA, TIONERS IN MINNESOTA DURING THE PRECEDING RE, TO A FARTICULAR FRACTITIONER DURING THE YEAR,	N 56/01	

							model Doth			**	NAME OF PRACTITIONER  Please include designation (i.e., AD, etc.)	MIN BOARD OF PHARMACY LICENSE NUMBER  MIN BOARD OF PHARMACY LICENSE NUMBER
							CMC BOOK KIKE				ADDRESS OF PRACTITIONER	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUEACTURER  MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT DENTIFYING ALL FAYMENTS, HONORARIA REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION ISI.461, CLAUSES (3) TO (3), FAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY FAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.
					-						PAYMENTS	RMANUFACTURER  E BOARD OF PHARMACY AN ANNU USES (3) TO (5), PAID TO PRACTITIC YMENTS TOTALING \$100 OR MORE RE PUBLIC DATA.
											TYPE OF PAYMENTS	UAL REPORT (DENTIFYING ALL PAYMENTS, HONORARIA) IONERS IN MINNESOTA DURING THE PRECEDING IE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,



From: Paul Rice Date: January 2, 1999

To: David Holmstrom, Board of Pharmacy cc. Jeff Hancock

Subject: Gifts to Practitioners

## Dear Mr Holmstrom,

We received and have completed the form for reporting gifts to practitioners. The form is attached for your review.

The Merial facility in Le Sueur is dedicated to the production of veterinary pharmaceuticals. The distribution channels rarely involve pharmacists. The exception is in some rural towns where OTC veterinary pharmaceutical products may be displayed.

This facility has not dispersed any gifts (as defined) to pharmacists totalling \$ 100 or more.

Sincerely,

Paul Rice, R Ph.

	Aprilla Valin IV dali algazzia dilaga a rea remina de la segunda de la s	13111E17CL10EB	
Merial Limited		200	
MN BOARD OF PHARMACY LICENSE NUMBER	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF FHARMACY AN ANNUAL REFORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID 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.	ARD OF FHARMACY AN ANNU (G) TO (5), PAID TO PRACTITI ENTS TOTALING \$100 OR MORI UBLIC DATA.	IAL REPORT IDENTIFYING ALL PAYMENTS, HONOKAMA, DNERS IN MINNESOTA DURING THE PRECEDING I, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	PAYMENTS	TYPE OF PAYMENTS
	No Reportable Activity in	1948	
	-		
		**************************************	
	3		
		·	

NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER P. A. L. S.	ADDRESS OF WIIOLESALE DRUG DISTRIBUTERMANURACTURER  3735 CO. Rd. 5 SW.,  DO DOW 753 11411 The WAY 550 F	RMANUFACTURER	
NIN BOARD OF PHARMACY LICENSE NUMBER  360566-4	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO THE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL FAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (5) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL DENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	E BOARD OF PHARMACY AN ANN USES 6) TO (5), PAID TO FRACTII LYMENIS TOTALING \$100 OR MOI	IUAL REPORT IDENTIFYING ALL PAYMENTS, HÖNÖRARIA, TONERS IN MINNESOTA DURING THE PRECEDING THE PARTICULAR PRACTITIONER DURING THE YEAR,
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
NONE		NONE	NONE
		•	
		ie.	
		•	

	<b>/</b> ·		
	at .		
TYPE OF PAYMENTS	PAYMENTS	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)
TIONERS IN MINNESOTA DURING THE PRECEDING RE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	ITH THE BUAKU OF FHARMACY AN ANN SI, CLAUSES (3) TO (3), FAID TO PRACTITI ANY PAYMENTS TOTALING \$100 OR MOR ISION ARE PUBLIC DATA.	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTIORS TO FILE WITH THE BOAKD OF FRANKACT AN ANNOLE REFORE DEPOTE THE ALL AS THE PRESENTING AND ALTER TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	MN BOARD OF PHARMACY LICENSE NUMBER  45-975-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-
Paul, ma ST108	The St.		Health Partners
	RMANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

		MINNESOTA BOARD OF PHARMACY	
		,	, , , , , , , , , , , , , , , , , , ,
			<i>j</i>
	14		
			-
			No fetrita
TYPE OF PAYMENTS	VALUE OF PAYMENTS	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)
AL REPORT DEVILITYING ALL PAYMENTS, HUNDRARIA, DURERS IN MINNESOTA DURING THE PRECEDING T, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	HE BOARD OF PHARMACY AN ANNUA AUSES (3) TO (5), PAID TO PRACTITIO AYMENTS TOTALING \$100 OR MORE, ARE PUBLIC DATA.	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE SOARD OF FHARMACY AN ANNUAL REPORT IDENTIFYING ALL FARMENTS, HOWARDAY, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO FRACTITIONERS 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.	<b>1 3</b>
Aul, MN, 55107	2 ST, ST. A		NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER  A P
	ERMANUFACTURER	TO SECURE A LITTER OF MAINTENANCE OF	

										7		NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	MN BOARD OF PHARMACY LICENSE NUMBER	NAME OF WIIOLESALE DRUG DISTRIBUTOR/MANUFACTURER
												ADDRESS OF PRACTITIONER	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF FIGRMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID 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 WHOLESALE DRUG DISTRIBUTERMANUFACTURER
			1 North	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	J. M. W. C.			A				PAYMENTS TYPE OF PAYMENTS	E BOARD OF FIGRMACY AN ANNUAL REPORT IDENTIFYING ALL PAYM USES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE P NYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER RE PUBLIC DATA.	RMANUFACTURER
						R. T.	1/100					ENTS	IENTS, HONORARIA, PRECEDING DURING THE YEAR,	

	practitioner	no honorous				None	etc.)	NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURES  WHO BOARD OF PHARMACY LICENSE NUMBER  360 447-4
Man	Munic 1988.	or any type Compensation					ADDRESS OF PRACTITIONER	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER  ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER  AMINGESOTY STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTIONS TO FILE WITH THE BOAKD OF FHARM  REIMBURSÉMENT COTHER COMPENSATION AUTHORIZED UNDER SECTION ISI.461, CLAUSES 8) TO (9), PAIL  CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY FAYMENTS TOTALING  CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY FAYMENTS TOTALING  AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.
unud in Olm of 12868		spail to any			JAN 04 133	RECEIVED AT	PAYMENTS TYPE OF PAYMENTS	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER  AND SEASON WHOLESALE DRUG DISTRIBUTERMANUFACTURER  MINNESOTYSTATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF FHARMACY AN ANNUAL REPORT DENTIFYING ALL FAYMENTS, HONORARIA, REIMBURSÉMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION ISLAGI, CLAUSES 8) TO 6), FAID TO FRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY FAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER FILED UNDER THIS PROVISION ARE PUBLIC DATA.

MANIE OF WHOLESALE DRUG DISTRIBUTOR MANUFACTURER RENITH Coldline Pharmacouticals, NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.) 360272-2 MINNESOTA STATUTES REQUIRE WIIOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT DEWTIFYING ALL FAYMENTS, HONORARIA.

REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION ISI.461, CLAUSES (1) TO 67, FAID TO FRACTITIONERS IN MINNESOTA DURING THE PRECEDING REMOVER YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING SIM OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR. AND SHALL IDENTIFY THE FRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. ADDRESS OF PRACTITIONER ADDRESS OF WHOLFSALE DRUG DISTRIBUTER/MANUFACTURER **PAYMENTS** VALUE OF TYPE OF PAYMENTS MINNESOTA BOARD JAN 04 1999 RECEIVED AT

					f			· Value			70 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1	4	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	MN BOARD OF PHARMACY LICENSE NUMBER RECT	NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER
					OF.	MINNES	JAM	RECE	The state of the s	2021			ADDRESS OF PRACTITIONER	INNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH EIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, OF AND ALLE OF AND SHALL IDENTIFY THE NATURE AND VALUE OF AND OSHALL IDENTIFY THE NATURE AND THIS PROVISIOND SHALL IDENTIFY THE PROVISIOND SHAL	ADDRESS OF WHOLESALE DRUG DISTRIB
			-		OF PHARMACY	OLA BOARD	04 1999	CEVED AT					PAYMENTS	E BOARD OF PHARMACY AN AIN USES (3) TO (5), PAID TO PRACTII YMENTS TOTALING \$100 OR MOI RE PUBLIC DATA.	BUTER/MANUFACTURER  10 OF .  11717
													TYPE OF PAYMENTS	THE BOARD OF PHARMACY AN ANNUAL REFORT IDENTIFYING ALL PAYMENTS, HONORARIA, PLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING ( PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, IN ARE PUBLIC DATA.	

OT HARMACY			
MINNESOTA 80			
OEC 3 1 1999			
RECEIVED AT			
TYPE OF PAYMENTS	VALUE OF PAYMENTS	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)
IONERS IN MUNICIPAL DURING THE FRECEDING E, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	E PUBLIC DATA.  EDOARD OF FHARMACY AN ANICE SES (3) TO (5), PAID TO PRACTITIE MENTS TOTALING \$100 OR MORE EDOBLIC DATA.	MINESCIA SIATUTES REQUIRE WHOLESALE DRUG HIS HISDU ORS TO RILE WITH THE BOARD OF FRANKALT AN ANNOLE REFORE DEVICE AND ANTHORIZED WINDER SECTION ISLAG. CLAUSES (3) TO (3), PAID TO PRACTITIONERS IN MINRESCIA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE INSTURE 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.	300/60 - 8
10 PDN 56002	Ro MANKA	l	TOWA VETERINARY SUPPLY
	UMANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

	·		
	iv •		
	· · · · · · · · · · · · · · · · · · ·		
XOVER STATE			
・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・			
DFC 22 1998			0
and the second s			
TYPE OF PAYMENTS	VALUE OF PAYMENTS	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)
NUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, TIONERS IN MINNESOTA DURING THE PRECEDING RE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	; Board of Pharmacy an Antibes; 3) to (5), Paid to Practify Wients totaling \$100 or moder We public data.	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), PAID 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.	MY 508 9 NARMACY LICENSE NUMBER
Prond MWSSIOY	e N St		Pro-Derm
	WMANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

										7		OF PRACTITION (	NAME OF WIOLESALE DRUG DISTRIBUTORMANUFACTURER  MN BOARD OF PHARMACY LICENSE NUMBER  MN BOARD OF PHARMACY LICENSE NUMBER
						1						ADDRESS OF PRACTITIONER	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER  AND SHALL DENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.  AND SHALL DENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.
•					1							VALUE OF PAYMENTS	ERMANUFACTURER  LOGIC DO PILARMACY AN AN THE BOARD OF PILARMACY AN AN ANTENDER OF TOTALING \$100 OR MOTOR ARE PUBLIC DATA.
							,	-				TYPE OF PAYMENTS	NUAL REPORT DENTIFYING ALL PAYMENTS, HONORARIA, TRIONERS IN MINNESOTA DURING THE PRECEDING THE YEAR, TO A PARTICULAR PRACTITIONER DURING THE YEAR,

NAME OF WHOLESALE DRUG DESTRIBUTOR/MANUFACTURER Birchwood Laboratories, Inc.		MANUFACTURER	
	EGED Fratte (MINNESOTA STATUTES REQUIRE WHOLESALED DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL FAYMENTS, HONORARIA, REIMBURSSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES 9) TO (9), FAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALLENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, CALLENDAR YEAR.	A A A A A A A A A A A A A A A A A A A	UAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, ONERS IN MINNESOTA DURING THE PRECEDING E, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
N/A	N/A	N/A	N/A
	Corporate Policy does not allow this activity	У	
	(Representing Calendar 1998)	-	
			The first state of the state of
			MININESOTA BOAKL OF PHARMACY
		ter	

PRODUCE CONTROL DESCRIPTION PRACTITIONER  PROMIT DE PRACTITIONER  PRANTICUTA  ADDRESS OF PRACTITIONER  PANNEYTS  PAN
ADDRESS OF PRACTITIONER  ADDRESS OF PRACTITIONER  PAYMENTS  PAYMEN
MRUE DE DRUG MOLE SAUS.  DEC 2 1998  MINISTRADAD OF PHARMACY
Rub W
Muse Marie Control of the Control of
MINNESOTA BOARD OF PHARMACY
OF PHARMACY

## B. F. ASCHER & COMPANY, INC · Pharmaceuticals · Consumer Products

December 31, 1998

RECEIVED AT

eeel to MAL

MINNESOTA BOARD

David E. Holmstrom Executive Director Minnesota Board of Pharmacy 2829 University Ave. SE, #530 Minneapolis, MN 55414-3251

Dear Mr. Holmstrom:

This responds to your letter dated November 5, 1998.

During calendar year 1998, B. F. Ascher & Company, Inc. made no payments, honoraria, reimbursements or other compensation to practitioners.

As requested, the report form is enclosed.

Sincerely,

Charles H. Borchers

Vice President - Scientific

& Legal Affairs

CHB:qjc

NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER B. F. ASCHEN & Company, Fra. MN BOARD OF PHARMACY LICENSE NUMBER 459607-3 Please include designation (i.e., MD, etc.) NAME OF PRACTITIONER MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF FHARMACY AN ANNUAL REFORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID 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 ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER **PAYMENTS** VALUE OF 66219 TYPE OF PAYMENTS

,	 	 	 	 	 	 										=
												None	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	MN BOARD OF PHARMACY LICENSE NUMBER	Gensia Sicor Pharm	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
								-					ADDRESS OF PRACTITIONER	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL FAYMENTS, HONOMAKIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (3), FAID TO FRACTITIONERS 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.	p	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER
)					ter								PAYMENTS	HE BOARD OF PHARMACY AN AND AUSES (3) TO (5), PAID TO PRACTITION AND TO TRAINING \$100 OR MODER PUBLIC DATA.	Fruince, CA	TER/MANUFACTURER
								OF PHARMACY	MINNESOTA 807 5	DEC 28 1008	The second secon		TYPE OF PAYMENTS	IUAL REPORT IDENTIFYING ALL FAYMENTS, HONORAKIA, TIONERS IN MINNESOTA DURING THE PRECEDING RE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	92618-1902	

In Webser 12122148

CHIBON

DEC 58 1868

December 21, 1998

WINNESOTA BOAP

Minneapolis, MN 55414-3251 2829 University Ave. SE. #530 Minnesota Board of Pharmacy Executive Director David E. Holmstrom

Re: Gifts to Practitioners

Dear Mr. Holmstrom:

compensation paid to licensed practitioners on behalf of Chiron. stated. There have been no payments, honoraria, reimbursement, and other November 5, 1998, wherein the 1993 Minnesota legislation requiring to do such is correspondence is being made as per your request in the Office Memorandum dated compensation paid to licensed practitioners, please find the enclosed report. This As per the requirement to report all payments, honoraria, reimbursement, and other

at (510) 923-2679. is any additional information that you need, please don't hesitate to contact me directly facility. This facility holds a valid wholesale distributor license in your state. If there This letter will address Chiron Corporation's Emeryville, CA wholesale distribution

Regards,

mary Offere CHIRON CORPORATION

Mary O'Hara

Director, Regulatory Affairs

									- NONE-	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	MIN BOARD OF PHARMACY LICENSE NUMBER $459716-6$ $459716-6$ AND SHAL	ANUFACTURER
									A/N	ADDRESS OF PRACTITIONER	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REFORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REFORT 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.	4560 Horton St., EMERY VI
			•	tv.					N/A	PAYMENTS	E BOARD OF PHARMACY AN ANN USES (3) TO (5), PAID TO PRACTIT YMENTS TOTALING \$100 OR MOR RE PUBLIC DATA.	EMETY VILLE, C
									N/A	TYPE OF PAYMENTS	UAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, IONERS IN MINNESOTA DURING THE PRECEDING UE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	CA 94608

TOBE N DE HICHMYK T' WHITUEY LAB/DMTC DIRECTOR OF PHARMACEUTICAL SERVICES JOSEPH BURRIS, R. PH

DEMOND BEYCH' LIOKIDY 35114

December 22, 1998

State of Minnesota

Minneapolis, MN 55414-3251 2829 University Avenue, Suite #530 Minnesota Board of Pharmacy

Dear Sirs,

Pharmacy Director

Our agency does not employ a licensed practitioner therefore excludes us from reporting any such gifts.

Y DIAIRION OF COLONIAL MANAGEMENT GROUP, INC. WHITUEY LABORATORIES

If you should have any questions, please feel free to call me at the number listed below

Sincerely,

MN BOARD OF PHARMACY LICENSE NUMBER  MS GOT PRACTITIONER  NAME OF PRACTITIONER  Hease include designation (i.e., MD, etc.)	ADDRESS OF WHOLESALE DRUG DISTRAL CALENDAITE REQUIRE WHOLESALE DRUG DISTRAL CALENDAITHE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ALAND SHALFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISI ADDRESS OF PRACTITIONER	BUTERMANUFACTURER  ( ) + 2  ( ) H THE BOARD OF PHARMACY AN ANY CLAUSES (3) TO (5), PAID TO PRACTITI AY PAYMENTS TOTALING \$1,00 OR MOR ON ARE PUBLIC DATA.  VALUE OF PAYMENTS  PAYMENTS	RUTERMANUFACTURER  R 1+2  WHAT HOURD BEART TO THE PAYMENTS, HONORARIA, CLAUSE OF PRIABMACY AN ANNUAL REFORT IDENTIFYING ALL PAYMENTS, HONORARIA, CLAUSE OF TO A, PARTITIONERS IN MINNESOTA DURING THE PRECEDING OF PAYMENTS OF MACRITIONERS IN MINNESOTA DURING THE PRECEDING TO PAYMENTS  VALUE OF PAYMENTS  TYPE OF PAYMENTS  TYPE OF PAYMENTS
		144	

NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER		MANUFACTURER	Marlewood MN SS109
360066-9	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VA AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER TH	BOARD OF PHARMACY AN ANNU SES (3) TO (5), PAID TO PRACTITION MENTS TOTALING \$100 OR MORE E PUBLIC DATA.	IAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, ONERS IN MINNESOTA DURING THE PRECEDING 1, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
None -			
			A CONTRACT
			NECE 415
			DEC 30 1998
			MINNESOTA BOARD OF PHARMACY

									2/A- C/A - C/A -	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)  ADDRESS OF PRACTITIONER		NU PCOMED AMERSHAM INNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIB	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER ADDRESS O
									:	TIONER	IZED UNDER SECTION 151.461, CLAUS IE NATURE AND VALUE OF ANY PAY! S FILED UNDER THIS PROVISION ARI	S. 3714 STREET	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER
									Ф	PAYMENTS	ES (3) TO (5), PAID TO PRACTITION MENTS TOTALING \$100 OR MORE, 7 E PUBLIC DATA.	T - UNITC - WEST	MANUFACTURER
							DEC 28 1858		φ.	TYPE OF PAYMENTS	REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID 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.	37TH STREET - UNITC- WEST MILWAUKEE, WI 533IS "TORS TO PILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA,	

DIAMOND LAKE PHARMACY INC.

DIAMOND LAKE PHARMACY INC.

MIN BOARD OF PHARMACY LICENSE NUMBER	12) 825-24	(612) 823-7284	NAME OF WHOLESALE DRINGRING OF THE OF WAR OF THE OF WHOLESALE DRINGRING OF THE	5601 CHICAGO AVE. SO.	
MINNESOTA STATUTES REQUIRE WHOLESALE DATOS DES ALBO 1000.  REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PROCEEDING STATES OF THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OF CALLENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND THIS PROVISION ARE PUBLIC DATA.	133				
MINNESOTA STATUTES REQUIRE WHOLESALE DROWN DISTANCE OF THE PROCEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO FRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO FRACTITIONER SHARCTITIONER DURING THE YEAR, CALENDAR YEAR, THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, CALENDAR THE SECTION ARE PUBLIC DATA.	33 EAX (6.12) 825-2423	(612) 823-7284	ADDRESS OF WHOLESALE DRUG DISTRIBUTER MINNIE APOLIS, MN 55417-2499	5601 CHICAGO AVE. SO.	
ie year,	ORARIA,				

Please include designation (i.e., MD, etc.) NAME OF PRACTITIONER AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FIL ADDRESS OF PRACTITIONER VALUE OF PAYMENTS DWARD W TYPE OF PAYMENTS 34948 FINDELL

2829 University Ave. SE, #530 Minneapolis, MN 55414-3251 MINNESOTA BOARD OF PHARMACY

DIAMOND ! AKE P!:AFMACY INC. 5601 CHICAGO AVE. SO. MINNEAPOLIS, MN 55417-2499 (612) 823-7284 FAX (612) 825-2433

ANIE OF WIIOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTE	MANUFACTURER	- 1
THE THERM ROOTICAL COULDING	- `	Cello the,	7607 (-1606)
M 10 12 + 2 - 0	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF FRAKMACY AN ANNOAL REPORT OF THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO FRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO FRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF REPORT OF THE PRECEDING SION OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	HE BOARD OF PHARMACY AN ARIV NUSES (3) TO (5), PAID TO PRACTITI AYMENTS TOTALING \$100 OR MOR	ONERS IN MINNESOTA DURING THE PRECEDING ONERS IN MINNESOTA DURING THE PRECEDING E, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
NAME OF PRACTITIONER	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
t lease mendic neargnance (see) sees) sees)			
		/	

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER	MANUFACTURER	
CALEB LABORATORIES,	NO 529 SI SEVENTH	ST, MPLS M	0 5345
MIN BOARD OF PHARMACY LICENSE NUMBER  MIND 3 3 - 9 - W FR LIC  AND 8	MINNESOTA STATUTES REQUIRE WHO LESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF HARMACY AN ANNUAL REPORT IN THE HEAL FAR HEALTS, FIGURANCES, FOR AN ANNUAL REPORT OF THE PRECEDING REIMBURSSMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (1) TO (5), FAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY FAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	BOARD OF PHARMACY AN ANNO ES (3) TO (5), PAID TO PRACTITI MENTS TOTALING \$100 OR MORI 3 PUBLIC DATA.	ALL REPORT IDENTIFERING ALL FAIRENTS, ROYCHARIA, ONERS IN MINNESOTA DURING THE FRECEDING TO A PARTICULAR PRACTITIONER DURING THE YEAR, IT ON A PARTICULAR PRACTITIONER DURING THE YEAR,
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
	, , , , , , , , , , , , , , , , , , , ,		
	U		
		·	
			-
		: **	

Mayort's Admil Healt US, Inc		1500 PHOLESALE DRUG DISTRIBUTERMANUFACTURER 1500 PHORESA FT RD, JUSTE 400, Green	te 400, Greenslari	NC 27407
CENSE	MINNESOTA STATUTES REQUIRE WHOLE REIMBURSEMENT OTHER COMPENSATION CALENDAR YEAR. THE REPORT SHALL I	ESALE DRUG DISTRIBUTORS TO TILE WITH TH ON AUTHORIZED UNDER SECTION 151.461, CLAI IDENTIFY THE NATURE AND VALUE OF ANY FA	e board of pearmacy an ann uses (), to (5), faid to practit aments totaling \$100 or moi	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PEARMACY AN ANNUAL REFORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO FRACTITIONERS 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,
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF	ADDRESS OF PRACTITIONER PAYME	VALUE OF PAYMENTS	TYPE OF PAYMENTS
Noverthe Annual	Wealth US, Inc	does not	prile si	fk 6 mm
1) pryrest,	MANAVIR REIMBY	und or the a	repensation	to Vedeninavious
) // ,				
Depething 14 To	of The O	liones to Stoff	would total	+ 100 or My
	Y			-
Millio St. C. C. D.	en los year			
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
		<i>h</i>		
		Respect to	tv	
		0		
				12/14/98
			7	
		Enc lone	lante	
		Teneral Co		



WHITE PLAINS, N. Y. 10604-3597

1101 WESTCHESTER AVENUE

TELEPHONE:

914-694-6320

7979-769-716

CAROL J THOMPSON
Administrator
Legal and Regulatory Affairs

KETURN RECEIPT REQUESTED

December 1, 1998

State of Minnesota Board of Pharmacy 2700 University Avenue West #107 St. Paul, MN 55114-1079

Re: Combe Incorporated Out-of-State Manufacturer

License #459848-2

and Alegela to Pilas **aff**ect Tall to Angela

Gentlemen:

Combe Incorporated is an out-of-state manufacturer of non-prescription drugs. We have not made any payments, honoraria, reimbursement or other compensation to licensed practitioners in Minnesota for the year 1998.

Very truly yours,

lard Hompson

Carol Thompson

Euclosare

NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIB	RMANUFACTURER FUCNOC	
MN BOARD OF PHARMACY LICENSE NUMBER  REIMBURG	OTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH URSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, O DAY OF AN OTHER LATER OF AND OTHER LATER OF AN O	E BOARD OF PHARMACY AN ANN USES (3) TO (5), PAID TO PRACTITI USES TOTAL INC SIM OF MORE	THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL FAYMENTS, HONORARIA, LAUSES (3) TO G), FAD TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING FAYMENTS TOTALING THE OR MORE TO A PARTICULAR PRACTITIONER DIRECTED THE VEAR
7-84840K	AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	RE PUBLIC DATA.	
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
None			
		•	
		fw	