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	D / / P	- 11	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

## WEBER & JUDD COMPANY, INC.



**PHARMACISTS** 

1101 SIXTH STREET N.W. P.O. BOX 6877 ROCHESTER, MINNESOTA 65903 (507) 289-1666 November 50, 1998

To: David E. Holmstrom Executive Director

Dear Sir:

In regards to the letter we received, we are writing back to inform you that there has been no reportable activity. If questions arise from this matter please contact us at (507)289-1666. Thank You...

C. Dennis McDonough

President

Sincerely,

Weber & Judd/McBe Co.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER	MANUFACTURER	
Specully Home Med	Inc 402 Washington	St. Pair	ained, Mr. Stroj
MN BOARD <b>ô</b> F PHARM <i>ACY L</i> ICENSE NUMBER	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL FARMENTS, HOWARDAN, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURSEMENT OTHER COMPENS TO A PARTICULAR PRACTITIONER DURING THE YEAR, CALENDAR YEAR, THE REPORT SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.  AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	BOARD OF PHARMACY AN ANNUSES (3) TO (5), PAID TO PRACTITI MENTS TOTALING \$100 OR MORI E PUBLIC DATA.	ALL REPORT IDENTIFYING ALL FARMENTS, HONDRARIA, ONERS IN MINNESOTA DURING THE PRECEDING 7, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
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November 30, 1998

Minnesota Board of Pharmacy 2829 University Ave. SE #530 Minneapolis, MM 55414-3251

Attn: David E. Holmstrom

RE: Gifts to Practitioners

We have no reportable activity regarding this subject.

) "X

Sincerely,

Thes M. Bunde Administrative Assistant

Corporate Office: 3005 Niagara Lane • Plymouth, MN 55447 • 612-551-5355 • Fax 612-551-5335

No Reportable activity - Toll Company

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NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER	ADDRESS OF WI	RMANUFACTURER	a
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	RMANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

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Medironic Meurological 800 53rd Avenue NE P.O. Box 1250 Minneapolis, MN 55440-9087 (612) 572-5000 1-800-328-0810 FAX: (612) 572-5078 June 19, 1997

CObl

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

Dear Mr. Holmstrom:

This is in response to your memo dated March 4, 1997 requesting the annual report of Gifts to Practitioners as a requirement of a Licensed Drug Wholesaler in Minnesota. Meditonic, Inc. is a medical device manufacturer. The Drug Delivery Business distributes a prescription drug in a refill kit for our implantable pumps as an incidental part of our device business. As per our discussion on the phone, we hereby request an exemption from this reporting requirement as per Section 151.461 of the Minnesota Statutes.

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Please contact me if you have any questions regarding this request. Thank you.

Sincerely,

Winifred C. Wu, RPh

Director, Regulatory and Clinical Affairs

- Anny

Drug Delivery Business

Phone: 612-514-5692

Fax: 612-514-5654

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MW 55/22	Dr EAGAN MN	3703 KENNEBEC E	FREIGHTMASTERS INC
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NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER $P \cdot A \cdot L \cdot S \cdot$	11	MN 562 <i>01</i>	
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NONE		NONE	NONE



ENZON' Inc.

November 13, 1998

St Paul, MN 55114-1079 2700 University Ave. W., Suite 107 Minnesota Board of Pharmacy

RE: License # 360402-1

Dear Sir or Madam:

practitioners in Minnesota during 1998. Enclosed is ENZON's compensation annual report. There was no compensation paid to

contact me at (732) 980-4588. If you have any questions or require any additional information, please do not hesitate to

Sincerely,

Regulatory Affairs Documentation Specialist Melvanice Evans

A three wife.

STATE OF WHICH EGALE DOUG DISTRIBUTION ALVING THE ACTURER		ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER	MANUFACTURER	
ENZON, Inc.		300 C Corporate Court,	South Plainfield, NJ	d, NJ 07080
MN BOARD OF PHARMACY LICENSE NUMBER	MINNESOTA STÄTÜTES REQUIRE WHOLE REIMBURSEMENT OTHER COMPENSATIOI	SALE BRUG DISTRIBUTORS TO FILE WITH THE N AUTHORIZED UNDER SECTION 151.461, CLAU YENTIGY THE NATIBE AND VALUE OF ANY PAY	BOARD OF PHALMACY AN ANN SES (3) TO (5), PAID TO PRACTIT MENTS TOTALING \$100 OR MOI	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 151.461, CLAUSES (3) TO (5), FAID TO FRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALL PROVAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE. TO A PARTICULAR PRACTITIONER DURING THE YEAR.
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BASF Corporation		8800 Line Avenue, Shreveport	Shreveport, LA	71106
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MINUTES OT BOARD ADARAMACY

December 3, 1998

Minnesota Board of Pharmacy 2829 University Avenue SE #530 Minneapolis, MIV 55414-3251

RE: Gifts to practitioners

Dear Sir/Madam,

Sincerely

Enclosed is our form detailing gifts/gratuities to licensed practitioners in Minnesota. As you can see, we do not provide any practitioners in Minnesota with any kind of compensation, honoraria, gifts, or reimbursement.

Please contact me at 612-374-9141 x107 if you need further information.

Brian Saben VP Manufacturing & Technical Affairs

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