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Cetylite Industries, Inc.	9051 River Road, P	Pennsauken, NJ	08110
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MINUESOTA BOARD
OF PHARMACY

November 18, 1998

David E. Holmstrom Legal Affairs Department Minnesota Licensed Drug Wholesalers Minnesota Board of Pharmacy 2829 University Avenue Se, #530

Dear Mr. Holmstrom:

RE: Gifts to Practitioners

Minneapolis, MN 55414-3251

This letter is in response to your letter dated November 5. We do not participate in payments, honoraria, reimbursement, or other compensation to licensed practitioners in Minnesota over \$100 or more. Attached is the form which you requested to be returned.

If you can be of further assistance, please do not hesitate to contact us.

Sincerely,

Bob Cates, DPh. Director of Pharmacy Operations

RAC:gjw

Attachment;

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N., Minneapolis, MN 55427	Minneapolis	3940, Quebec Ave.	PADDOCK LABORATORIES INC
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NAME OF WIIOLESALE DRUG DISTRIBUTORMANUFACTURER See Label Belan	Γ) \parallel	RIMANUFACTURER	
MN BOARD OF PHARMACY LICENSE NUMBER	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 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.	E BOARD OF PHARMACY AN AND USES (3) TO (5), PAID TO PRACTII YMENTS TOTALING \$100 OR MOI RE PUBLIC DATA.	IVAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, IONERS IN MINNESOTA DURING THE PRECEDING UE, 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
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	WELDERS SUPPLY CO.		
	WORTHINGTON, MN. 56187		
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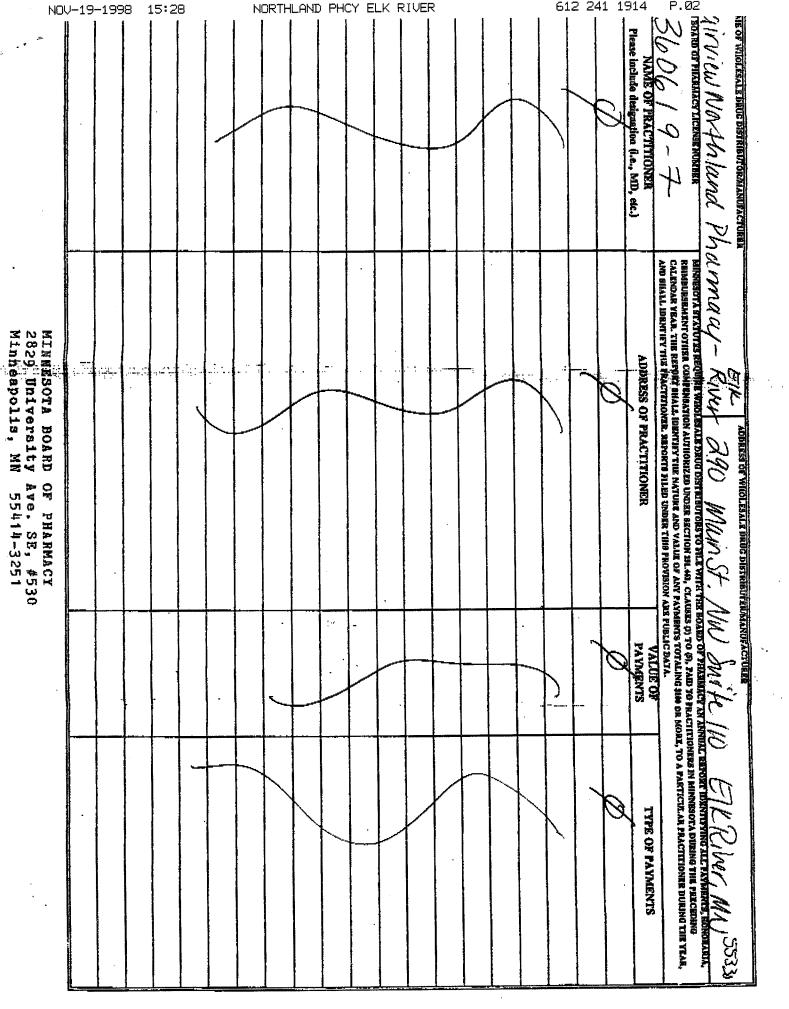
NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER	MANUFACTURER	
EARLS Welping-IND Supply	2629 Clearwater	RD BOX 303	57 Cloup, MN 56302
	NESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTIORS TO FILE WITH I MBURSSMEIT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CL LEUDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION	BOARD OF PHARMACY AN ANNUL SES (3) TO (5), PAID TO PRACTITIO MENTS TOTALING \$100 OR MORE, E PUBLIC DATA.	HIE BOARD OF PHARMACY AN ANNUAL MEPOKI IDENTIFEING ALL FAIMENTS, HOPOGAGIA, AUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, ARE PUBLIC DATA.
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
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stès	PAYMENTS Home Hocuth Services	ADDRESS OF PRACTITIONER - M. Schneum DWCDHW, Dre ctor of	we	Please include designation (i.e., MD, etc.) No activity of this nature
258 NAL REPORT II TONERS IN MIN	IBUTERMANUFACTURER MUS hall, Mus 56258 TH THE BOARD OF PHARMACY AN ANNUAL RE , CLAUSES (1) TO (5), FAID TO PRACTITIONERS ANY PAYMENTS TOTALING \$100 OR MORE, TO 1 110N ARE PUBLIC DATA.	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER	~ - ~	NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER Medical Equipment for the MN BOARD OF PHARMACT LICENSE NUMBER

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER		ADDRESS OF WHOLESALE DRUG DISTRIBUTE	R/MANUFACTURER	
Twin City Oxygen Co.	Luc.	305 2nd St. N.C. N	V. W. New B	New Brighton Mr. 55112
MN BOARD OF PHARMACY LICENSE NUMBER		MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAU	? BOARD OF PHARMACY AN ANNI 1989 (3) TO (5), PAID TO PRACTITI	(I THE BOARD OF PHARMACY AN ANNUAL REFORT IDENTIFYING ALL FAYMENTS, HONORARIA, CLAUSES (3) TO (5), FAID TO FRACTITIONERS IN MINNESOTA DURING THE PRECEDING
459941-0	CALENDAR YEAR. THE REPORT SHALL I	DENTIFY THE NATURE AND VALUE OF ANY PA ER. REPORTS FILED UNDER THIS PROVISION AI	YMENTS TOTALING \$100 OR MOR WE PUBLIC DATA.	CALERDARY EAR. 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.
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF	ADDRESS OF PRACTITIONER	PAYMENTS	TYPE OF PAYMENTS
No reportable activity	ct,			·
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		A CONTRACTOR OF THE PROPERTY O	
NAME OF WHOLESALE DRUG DISTRIBUTOR MANUFACTURER Triple i	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER 295 North Street, Teterbo	MANUFACTURER , Teterboro, NJ 07608	27608
MN BOARD OF PHARMACY LICENSE NUMBER	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 YAAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	. Board of Pharmacy an ann Ses (3) to (5), Paid to Practiti Cments totaling \$100 or mor	ALL 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
None	None	0	None
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NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) NONE	REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO PRACTITIONERS IN MINRESOTA 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 PAYMENTS PAYMENTS TYPE OF PAYMENTS	PAYMENTS TOTALING \$100 OR MOR N ARE PUBLIC DATA. VALUE OF PAYMENTS PAYMENTS	TIONERS IN MINNESOTA DURING THE PRECEDING RE, TO A PARTICULAR PRACTITIONER DURING THE YE TYPE OF PAYMENTS
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NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER		RMANUFACTURER	
TRAXAR DISTRIBUTION INC	NOS WILLDRAGENT DULV	OT DUNUTH M	DUNTH MN SSPOT
MN BOARD OF PHARMACY LICENSE NOMBER	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF HARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING	2 BOARD OF PHARMACY AN AND JSES (3) TO (5), PAID TO PRACTIT	WAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, TONERS IN MINNESOTA DURING THE PRECEDING
304698-0	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.	YMENTS TOTALING \$100 OR MOI	re, 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
	MONE -		

										Ac	NONE	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)			NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
				·					·	ACTIVI TU	HAVE NO REPORTABLE	ADDRESS 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 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.	501 SANTA FE	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER
			•		,							VALUE OF PAYMENTS	T BÖARD OF PHARMACY AN ANN USES (3) TO (5), PAID TO PRACTIT YMENTS TOTALING \$100 OR MOS RE PUBLIC DATA.	KANSAS CITY	RAMANUFACTURER
									OF PHARMACY	8661 E 2 AOW	אסע ס	TYPE OF PAYMENTS	UAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, IONERS IN MINNESOTA DURING THE PRECEDING IE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,) MO 64105	