										NONE	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	MN BOAKD OF PHARMACY LICENSE NUMBER	MEDENA Pharmacenticals	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, 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 FAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR FRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	cals Inc 450 Lillard Drive	ADDRESS OF WIIOLESALE DRUG DISTRIBUTERMANUFACTURER
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											Please include designation (i.e., MD, etc.)	459661-7	MN BOARD OF PHARMACY LICENSE NUMBER	KONSKL PHARMACEUTICAL
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											N/A	NAME OF PRACTITIONER  Please include designation (i.e., MD, etc.)	Pharmaceutical Corporation of A	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
		,										ADDRESS OF PRACTITIONER	Pharmaceult ical Corporation of America statutes require wholesale drug distributors to file with the board of pharmacy an annual report dentifying all payments, honoraria, min board of pharmacy an annual report dentifying all payments, honoraria, longer section islas, clauses o) to (5), paid to practitioners in minnesota during the preceding calendar year. The report shall dentify the practitioner reports filed under this provision are public data.  N/A  N/A  12348 Hancock Street, Carmel, IN 46032  Reimburget sequire wholesale distributes for the pharmacy and annual report dentifying all payments, honoraria,	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER
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11/12/97

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											NONE	Please include designation (i.e., MD, etc.)	459891-6	A-OX Welding Supply	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
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711 Union Parkway — Ronkonkoma, N.Y. 11779 800-969-8007 Fax: 516-585-1289

November 11, 1997

Minnesota Board of Pharmacy Legal Affairs Department Minnesota Licensed Drug Wholesalers & Drug Manufacturers 2829 University Ave Minneapolis, MN 55414-3251

ATTN; David E. Holmstrom

Dear Mr. Holmstrom:

I am in receipt of your correspondence regarding Gifts to Practitioners. Please be advised that Genetco does not have any accounts with Practitioners in the state of Minnesota.

I am returning your form as per your request.

Thank you for your attention to this matter.

Very truly yours,

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		IRS 11/11/97	DIRECTOR OF REGULATORY AFFAIRS
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OR PAID TO PRACTIONERS.	BEEN MADE	IMBURSEMENTS, OR OTHER COMPENSATION HAS	NO PAYMENTS, HONORARIA, RE
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	STRIBUTER/MANUFACTURER	ADDRESS OF WHOLESALE DRUG D	NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER

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A 30012-5187	Rd. Conyers, GA	ces, Inc. 801-N North Blacklawn Rd.	BFI Pharmaceutical Services,
	RMANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

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			No reportable activity.
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)5 Crown Point, IN 46307	, P.O. Box 905	2200 West 97th Place,	Laser, Inc.
	UMANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
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MN 55904	ROCHESTER,	1620 3rd AVE SE	PRAXAIR DISTRIBUTION, INC.
	RMANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

										NAME OF FRACTITIONER ADDRESS O Please include designation (i.e., MD, etc.)		HIN BOAKS OF PHARMACY LICENSE NUMBER   MINNESOTA STATUTES REQUIRE WHO	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
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MIN BOARD OF PHARMACY LICENSE NUMBER NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER TREIGHTMASTERS Please include designation (i.e., MD, etc.) 360038-4 NAME OF PRACTITIONER MINNESOTA STATUTES REQUIRE WHOLSSALE 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. That Occasionally WERE A Public Warehouse Pharma ceuticals, HAVE CONTACT WITH ANY PRACTITIONERS ADDRESS OF PRACTITIONER \$3703 KENNEBEC Dr EAGAN MN S5122 ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER STORES WE NEVER **PAYMENTS** VALUE OF TYPE OF PAYMENTS

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	UMANUFACTURER	ADDRESS OF WHOLES,	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

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