

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

HEALTHEAST MED HOME

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 151.46, 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.

NAME OF PRACTITIONER

2579 Fernwood Rd, St Paul, MN 55114
1260 W Frontage Rd, Stillwater, MN 55082
1501 Northway Drive, St Cloud, MN 56303

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

900 W 94th St, Bloomington, MN 55420

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NAME OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Please include designation (i.e., MD, etc.)

Not Applicable



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,

A handwritten signature in black ink, appearing to read 'John Sever', written over a horizontal line.

John Sever

3M Pharmaceuticals



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,

A handwritten signature in cursive script that reads "Kay Williams". The signature is written in black ink and is positioned above the typed name and contact information.

Kay Williams M.S.
INCSTAR Corporation
License No. 459979-5

Enclosure

