

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

St. Cloud Hospital

Pharmacy

1406 6TH AVE NE

ST. CLOUD MN

56303

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 151.44, CLAUSES (1) 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.

360563-5

NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

None to report

DR. F. WEINBERGER MD.

David F. Weinberger MD. 1-4-99

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

RIVER VALLEY CLINIC PHARMACY

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

8611 W. PINE POINT DOUGLAS ROAD SOUTH CORPAC E GROVE MN 55016

MIN BOARD OF PHARMACY LICENSE NUMBER

360810-8

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 151.441, 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
Please include designation (i.e., MD, etc.)

NONE

ADDRESS OF PRACTITIONER

N/A

VALUE OF PAYMENTS

NONE

TYPE OF PAYMENTS

NONE

No disbursements, payments, honoraria, etc. made for calendar year 1998.

Paul Johnson RPh

RECEIVED AT
JAN 08 1999

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

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MINNESOTA BOARD OF PHARMACY LICENSE NUMBER

360646-9

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 (1) 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
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS


TYPE OF PAYMENTS

Hanson Methdals Deas 524 Northdale Blvd 55448
COON RAPIDS, MN

NO REPORT FILED

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

Paul Rice, R Ph.



Sincerely,

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

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.

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

Dear Mr Holmstrom,

Subject: Gifts to Practitioners

To: David Holmstrom, Board of Pharmacy

cc: Jeff Hancock

From: Paul Rice

Date: January 2, 1999



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Cellulose Health Pharmacy

Route 1 - Box 2120, Brudette MN 56623

MINNESOTA/STATES 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 (6), 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.

360 447-4

NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

None

RECEIVED AT

JAN 04 1999

MINNESOTA BOARD OF PHARMACY

No honoraria or any type compensation paid to any

practitioner during 1998.

*Ann S. Mrs. R. L. #12361
Pharmacist in Charge*

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

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Eveready Wholesale Drugs LTD

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

100-B Executive Dr.
Edgewood NY 11717

MIN BOARD OF PHARMACY LICENSE NUMBER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NONE

RECEIVED AT

JAN 04 1999

MINNESOTA BOARD
OF PHARMACY

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

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Town Veterinary Supply Co. 125 Kinrosswood Rd Mankato MN 56002

MINNESOTA BOARD OF PHARMACY LICENSE NUMBER
300160-8

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 (2) 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 ADDRESS OF PRACTITIONER VALUE OF PAYMENTS TYPE OF PAYMENTS
Please include designation (i.e., MD, etc.)

[Large handwritten scribble/signature]

RECEIVED AT
DEC 31 1998
MINN.
MINNESOTA BOARD
OF PHARMACY

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

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Pro-Dem

720 Swelling Ave N St Paul MN 55104

MINNESOTA BOARD OF PHARMACY LICENSE NUMBER

459808-4

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 151.441, 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
Please include designation (i.e., MD, etc.)

MD

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

DEC 22 1998

MINNESOTA BOARD OF PHARMACY

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

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Birchwood Laboratories, Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

7900 Fuller Road
Eden Prairie, Mn 55344

MINNESOTA BOARD OF PHARMACY LICENSE NUMBER
405733-4

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.441, CLAUSES (I) TO (G), 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 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 (Representing Calendar 1998)			
			MINNESOTA BOARD OF PHARMACY

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

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER

NAME OF PHARMACY LICENSE NUMBER

3604159-7

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 151.441, CLAUSES (9) 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

WALTER IN

ADDRESS OF PRACTITIONER

712 South Cascade Avenue
ROLE OF DRUG WHOLESALE

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED

DEC 27 1998

MINNESOTA BOARD OF PHARMACY

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



B. F. ASCHER & COMPANY, INC. • Pharmaceuticals • Consumer Products

December 31, 1998

RECEIVED AT
JAN 04 1999
MINNESOTA BOARD
OF PHARMACY

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:djc
cc: CBA

15501 West 109th Street, Lenexa, Kansas 66219-1308
P.O. Box 717, Shawnee Mission, Kansas 66201-0717
Phone: (913) 888-1880 Fax: (913) 888-2250

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Gensia Siron Pharmaceuticals, Inc

19 Hughes, Irvine, CA 92618-1902

MIN BOARD OF PHARMACY LICENSE NUMBER

360145-1 and 459900-9

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.

NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)

None

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

DEC 29 1998

MINNESOTA BOARD OF PHARMACY

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

Dr. Hebert 12/22/98

CHIRON

Chiron Corporation
4560 Horton Street
Emeryville, California 94608-2916
510.655.8730

DEC 28 1998

MINNESOTA BOARD
OF PHARMACY

December 21, 1998

David E. Holmstrom
Executive Director

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

Re: Gifts to Practitioners

Dear Mr. Holmstrom:

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

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

Regards,

CHIRON CORPORATION

Mary O'Hara

Director, Regulatory Affairs

WHITNEY LABORATORIES
A DIVISION OF COLONIAL MANAGEMENT GROUP, INC.

JOSEPH BURRIS, R. PH
DIRECTOR OF PHARMACEUTICAL SERVICES
WHITNEY LAB/DMTC
1095 N US HIGHWAY 1, SUITES 1 & 2
ORMOND BEACH, FLORIDA 32174

December 22, 1998

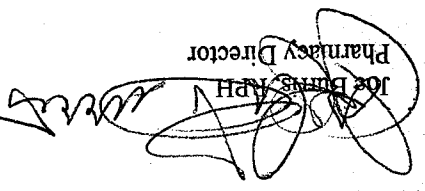
State of Minnesota
Minnesota Board of Pharmacy
2829 University Avenue, Suite #530
Minneapolis, MN 55414-3251

Dear Sirs,

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

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

Sincerely,


Joe Burris, R. PH
Pharmacy Director

1095 N. US 1, SUITES 1 & 2, ORMOND BEACH, FL. 32174
(904) 673-4770 FAX (904) 673-4772

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

St. John's Hospital Pharmacy

1575 Beem Avenue, Maplewood, MN 55109

MIN BOARD OF PHARMACY LICENSE NUMBER

360066-9

MINNESOTA STATUTES REQUIRE WHOLESAL 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
Please include designation (i.e., MD, etc.)

None

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 30 1998

MINNESOTA BOARD OF PHARMACY

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

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Nicomed Amesham

8001 S. 37TH STREET - UNITC - WEST MILWAUKEE, WI 53215

MIN BOARD OF PHARMACY LICENSE NUMBER

360559-6

MINNESOTA STATUTES REQUIRE WHOLESAL 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 (2) 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
Please include designation (i.e., MD, etc.)

N/A

ADDRESS OF PRACTITIONER

N/A

VALUE OF PAYMENTS

0

TYPE OF PAYMENTS

0

DEC 28 1993

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

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

CALEB LABORATORIES, INC

529 S. SEVENTH ST, MPLS, MN 55408

MIN BOARD OF PHARMACY LICENSE NUMBER

360033-9-WHOLESALE LIC

459763-2-MFR LIC

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 151.49, CLAUSES (9) 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

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NONE

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

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Novartis Animal Health US, Inc

1500 Rivers Pk Rd, Side 900, Greensboro NC 27407

MINN BOARD OF PHARMACY LICENSE NUMBER

459952-0

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 151.441, CLAUSES (2) TO (6), 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 Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
<i>Novartis Animal Health US, Inc</i>	<i>does not</i>	<i>provide</i>	<i>payments for any</i>
<i>of payments, honoraria, reimbursement or other compensation</i>	<i>practicing in the State of Minnesota</i>	<i>that would total</i>	<i>\$100 or more</i>
<i>during the calendar year</i>	<i>Robert Wells</i>	<i>[Signature]</i>	<i>[Signature]</i>
	<i>Eric Ronsavik</i>	<i>[Signature]</i>	<i>12/18/98</i>
	<i>Reynold Cornet</i>	<i>[Signature]</i>	

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

Enclosure

Carol Thompson



Very truly yours,

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.

Gentlemen:

Re: Combe Incorporated
Out-of-State Manufacturer
License #459848-2

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

December 1, 1998

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

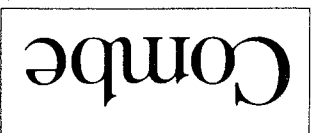
FAX: 914-694-6320

TELEPHONE: 914-694-5454

WHITE PLAINS, N. Y. 10604-3597

1101 WESTCHESTER AVENUE

incorporated



CAROL J. THOMPSON
Administrator
Legal and Regulatory Affairs

