

**BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE**

In the Matter of the
Medical License of
Diane Bay Humenansky, M.D.
Date of Birth: 10-8-35
License Number: 32,069

**FINDINGS OF FACT,
CONCLUSIONS,
AND ORDER**

The above-entitled matter was heard by Administrative Law Judge Steve M. Mihalchick on September 26, 27, and 30, 1994, at Capitol Office Building, 525 Park Street, Suite 210, St. Paul, Minnesota. The hearing was held pursuant to a Notice of and Order of Hearing, as amended, issued by the Complaint Review Committee (hereinafter "Committee") of the Minnesota Board of Medical Practice (hereinafter "Board"). On December 21, 1994, Judge Mihalchick issued Findings of Fact, Conclusions of Law and Recommendation.

Jacquelyn E. Albright, Assistant Attorney General, 525 Park Street, St. Paul, Minnesota 55103, represented the Committee at the hearing. Philip G. Villaume, Attorney At Law, 7900 International Drive, Suite 675, Bloomington, Minnesota 55425, appeared on behalf of Respondent, Diane B. Humenansky, M.D.

The Board met to consider this matter on March 11, 1995, at the Colonial Office Building, 2700 University Avenue West, St. Paul, Minnesota. The following members of the Board were present: Zenas Baer; Adrienne Breiner; Doris C. Brooker, M.D.; Sandra Engwall, M.D.; Patricia A. Jilk; James F. Knapp, M.D.; Janet Lindquist, M.D.; M.J. Martin, M.D.; Mary Mika; Karen Novak and Elliot V. Troup, M.D. Jacquelyn E. Albright appeared and presented oral argument for the Committee. Philip E. Villaume appeared on behalf of Respondent, Diane B. Humenansky, M.D., who was also present. Robert T. Holley, Assistant Attorney General, was present as legal adviser to the Board.

Doris C. Brooker, M.D. was a member of the Complaint Review Committee that commenced this proceeding and, therefore, did not participate in deliberations or vote in the matter.

Based upon its review of the record of this proceeding, the Board makes the following:

FINDINGS OF FACT

1. Respondent is a private practice psychiatrist with over over thirty (30) years experience. She became licensed to practice in Minnesota on September 10, 1988. Much of Respondent's current practice is devoted to treating female patients with Multiple Personality Disorder (MPD), also known as Dissociative Identity Disorder (DID).

2. The Board's Complaint Review Committee ("Committee") has received and investigated approximately twelve (12) complaints with respect to Respondent's practice of medicine.

3. On February 7, 1992, an investigator from the Office of the Attorney General conducted an in-person interview with Respondent. The questions and responses were set forth virtually verbatim on pages 10 through 18 of the investigative report. Ex. 4. The report contains the entire conversation between Respondent and the investigator in the order it occurred. T. III, 38-39.

4. During the in-person interview on February 7, 1992, Respondent admitted that:
- a. She gave money to patients if they had no food in the house. Ex. 4 at 12.
 - b. She drove a patient to the grocery store to buy food. Ex. 4 at 12.
 - c. She paid one of her patients six dollars for some massage oil. Ex. 4 at 12.
 - d. She gave a patient \$100.00 to travel to the West Coast. Ex. 4 at 12-13.
 - e. She had a refrigerator full of food in the office and she gave the food to a patient. Ex. 4 at 13.
 - f. She gave a patient paper toweling and toilet tissue that she had in the trunk of her car. Ex. 4 at 13.
 - g. She purchased two necklaces from patient #5. Ex. 4 at 13-14.

h. She brought patient #5 to United Hospital so that the patient could meet with another of Respondent's patients who had the same diagnosis. Respondent disclosed the patients' common diagnoses to each other without obtaining consent from them to meet. Ex. 4 at 14-15.

i. She took patient #3 to lunch. Ex. 4 at 15.

j. Respondent allowed patients (#1, #3, and #4) in her MPD group session to go with her to patient #2's house when patient #2 telephoned Respondent during a MPD group session expressing suicidal thoughts. Ex. 4 at 17.

k. She accepted a frequent flier plane ticket from patient #3's husband and used it, later repaying him by writing off part of his wife's therapy bill. Ex. 4 at 17.

m. She will continue to give patients money. Ex. 4 at 15.

n. She will continue to take patients to the grocery store. Ex. 4 at 15.

o. She will continue to take tokens from patients at Christmas. Ex. 4 at 15.

5. During the February 7, 1992 interview, many of Respondent's comments went far beyond responding to the question asked and digressed into other, oftentimes personal, topics of conversation. For example:

a. When discussing Respondent's case make-up, Respondent stated that she is sometimes the sole provider of care for her patients, while other patients have a primary therapist who will refer the patient to her specifically for medication. Respondent then interrupted herself to say that she had an "East Coast therapy background" and had been trained in analysis. Respondent stated, "I was not aware when I came here that it was so biochemically oriented." Respondent went on to say that she would much prefer to be the sole provider of care for her patients, that it is much more complicated when there is a primary therapist other than herself. She added that most of her patients are Medical Assistance patients, and that, "It's not fair to people. I choose to work with patients who have no regular insurance. I'm for national medicine. The system is wrong." Ex. 4 at 11.

b. Respondent was asked to describe her patient population. In response, she stated it was made up primarily of women; that she believes that this is because she is female; and that the age of her patients ranges from 18 to 80-something. Respondent then stated, "Lots of people don't take the elderly. I can't go to nursing homes; I get sick in them." Ex. 4 at 11.

c. Respondent said that her patients come to her because they know what kind of work she does and will do. Respondent stated, "[Dr.] Kluft says that any woman walking in the door has been sexually abused. So, I ask those questions of my patients. So far, 100% of the response has been 'Yes, I was abused.'" Respondent went on to say that most of her patients have made the decision to talk about it before coming to see her. "It's like Anita Hill. No one wants to believe them. I give them the right to talk about it. They know I'll listen to them. I mean, I've had women tell me that their husband of thirty years forces them to perform fellatio. I also work with satanic cult patients. That's worse than horrible; that's grotesque. It's like listening to a survivor of Buchenwald. Someone needs to listen to these people. They tell me I listen well. That's because I had someone to listen to me. I had analysis for eight years in my formative years." Ex. 4 at 11-12.

d. When asked if there was a particular conceptual framework within which she provided therapy to her patients, Respondent stated, "Yes. Eclectic. I'm such an eclectic, I don't know" She stated that she had been educated at Harvard and Tufts. She said that she used her knowledge of family, biofeedback, and hypnosis: "I started out to be an analyst. My first analyst said I couldn't because I had a fear of men. That was the general way they thought back then. Ten percent of my medical school class was women. We had to have a 4.0 grade point average but the men only needed a 3.0 to 3.5. You had to have a big pair of you know what to survive that. Well, I have a big pair of labia; I won't say balls." Ex. 4 at 12.

e. Respondent was requested to respond to the allegation that she had written a personal check to one of her patients to cover a bank overdraft. Respondent looked at her

secretary and then responded that she has given money to her patients if they have no food in the house or that she has driven them to the grocery store to buy food. She said that she also recalled paying one of her patients, who was a physical therapist, six dollars for some massage oil. Respondent added, "One time I had a patient who needed to go to the west coast and she had no money to get there. I gave her \$100 with no hitches, no nothing." She explained that the patient had had a dissociative disorder and that she has witnessed a train crash in which she had seen someone's leg amputated. Respondent stated that this had brought back memories of childhood abuse for this patient and that she couldn't stay here any longer. She had a friend in San Francisco who she wanted to go to. "So, I gave her the money and told her to do this for someone else some day. I'm also a Christian. I didn't even have enough money to give anyone. I can't imagine that I'd do that. I've given patients money for food." Respondent added, "I don't recall this. I don't carry a lot of money. I don't like to spend a lot of money." Ex. 4 at 12.

f. Respondent was asked if she saw any boundary concerns in giving patients money. Respondent said that she didn't feel that it was a boundary issue at all. Respondent stated, "If someone is starving, I can't get through." She explained that one of her patients came to her having had nothing to eat for two days. Respondent said that she had a refrigerator full of food in the office and she gave it to the patient. Respondent stated, "I'm a human first and a doctor second. What does boundaries have to do with it? I just gave her food to eat. Isn't that what humanity is all about?" Respondent then related an occasion when she had paper towels and toilet tissue in the trunk of her car which she had not yet taken home, she discovered that one of her patients needed these items but could not purchase them with food stamps, and so she gave them to the patient. Ex. 4 at 13.

g. When asked if she had a general philosophy about accepting gifts from patients or about purchasing goods from patients, Respondent digressed during her response to say that she recalled a patient who had told her that her husband was raping her. Respondent

said that the senior psychiatrist in her practice did not believe the patient. Respondent stated, "Anita Hill is not the only one who's been sexually harassed." Ex. 4 at 14.

h. When she was asked if she ever took a patient to dinner, Respondent stated "Yes, I did. That would be [patient #3], and it was lunch, actually." Respondent went on to say that the patient's "therapist got beanie about it. You could give me a million dollars right now and I'd not do it. I didn't realize everyone was looking at everyone's boundaries and had thingies. I had been alone in practice, elsewhere, never with others, so I had no problems before." Ex. 3 at 15.

i. When asked if she thought that she could ever be described as being "scattered", Respondent stated, "Oh, yeah, I get scattered every once in awhile. It means I'm tired." Ex. 4 at 15. Later in the interview, when Respondent was again asked if she thought that she was scattered and unfocused in her thinking, Respondent stated "I don't think so. I felt I did an extremely good job . . . next to the other doctors in the practice. They were scattered and unfocused. One slept in meetings and the other one never showed up. My place of work was scattered and unfocused." Ex. 4 at 17.

j. The investigator asked Humenansky about an allegation that she had mismanaged the care of a hospitalized patient. Respondent responded to that and two follow-up questions and then continued on to describe a prior position in South Bend and her reason for coming to the Twin Cities to work. She described her first practice here as an older group of good old boys who treated women "just disgusting". She continued on to say that women did all of the work there and that she left that practice. Respondent stated, "I told them they were dysfunctional and that I couldn't stay. They were paying me ridiculous I think they were co-dependent. There's lots of dysfunctional businesses." Respondent then told the investigator that the men in the group told her that they would report her. When asked what for, Respondent said, "I don't know. I think they said it just to scare me." Ex. 4 at 16.

k. When asked if she had ever brought a group of patients to a suicidal patient's home, Respondent stated, "That's patient #2." Respondent explained that she had

been having a group with four or five patients when one of her other patients called expressing suicidal thoughts. She told the group that she was going to have to stop group in order to deal with the other patient, but they said they wanted to go along. Respondent said, "This was a new thing for me. They thought they could talk to to her and stop her. This group had spent several months together. I saw their reasoning in wanting to do this. Well, it got real hairy out there." Respondent related that the group went to the patient's house and knocked on the door, but there was no response. Respondent told the investigator, "Apparently one of her personalities split and left the house." The group was concerned about the patient's 13 year-old son who was left in the house. Respondent called the police to assist, but was told they would not come if the suicidal patient was not there and she should contact Child Protection. However, the group members didn't agree. Respondent stated, "They wanted to stay with him. I was dealing with a group of multiples and all of their protective alters were coming out. It was mayhem. It was crazy. I thought the idea was fine then, but not now." Respondent went on to say that she drove patient #1 back to her house and, while in the car, patient #1 said, "You have poor boundaries, Dr. Humenansky." Respondent said, "We got home at twelve midnight. I haven't the foggiest idea why she said that. I don't think my boundaries are bad." Ex. 4, page 17.

1. The investigator asked Respondent about an allegation that she had accepted the gift of a plane ticket from the husband of one of her patients in order to attend an MPD conference. Respondent indicated that she had and stated, "He thought it was neat for me to treat his wife. He wanted me to go and get more information of MPDs in order for me to treat his wife. I took his frequent flyer and used it, but I reimbursed him. I wrote it off of his wife's bill." Respondent told the investigator, "The group knew about this. The group wanted me to go and get the training. It was no big deal." Ex. 4 at 17.

6. On May 8, 1992, the Board issued an Order for Mental and Physical Examination to Respondent requiring her to submit to a physical and mental evaluation, including chemical dependency evaluation, at Golden Valley Health Center. The scheduled examination was to

have occurred on June 14, 1992. Respondent, through counsel, objected to the examination and requested a meeting with the Committee to discuss the allegations against her.

7. The Committee postponed the examination to allow Respondent the opportunity to meet with the Committee to discuss the allegations. The conference was scheduled with the Committee for July 17, 1992.

8. During the July 17, 1992 conference, Respondent indicated the following:

a. Respondent has disclosed personal information about herself to patients, including discussing that she was abused as a child and as an adult and that she lost her hair at the time of her divorce. After Respondent made some of her self-disclosures, patients expressed concerns about Respondent's stability and mental health. Ex. 3 at 27-28.

b. Respondent continues to provide sandwiches to patients in her office. Ex. 3 at 30.

c. Respondent has a petty cash fund from which patients can borrow. Ex. 3 at 30.

d. Respondent believes that more physicians should extend their boundaries. Ex. 3 at 31.

e. Respondent allowed an MPD patient, who "could not find herself," to go back to Respondent's house so the patient could sleep. The patient returned to her own home the next morning. Ex. 3 at 32.

f. Respondent told one patient that the co-therapist was "really uptight." Respondent does not think that it hurt her alliance with the patient. Ex. 3 at 32-33.

9. During the July 17, 1992 conference, Respondent excused many of her actions as being necessary due to her particular patient population. It was Respondent's position that because she dealt with patients suffering from MPD, an enmeshing of boundaries and other unusual therapeutic methods were entirely appropriate. Ex. 3 at 9.

10. The Committee obtained the consultant services of a psychiatric expert (hereinafter "consultant") to review the Committee's investigative materials relating to

Respondent's medical practice. T. I, 100-105; Exs. 15 and 16. The consultant is a psychiatrist who has extensive practice treating and consulting on MPD patients. He has practiced in Minneapolis for twenty (20) years and is on the staff of Riverside Medical Center where he has served in various capacities, currently as Medical Director of its in-patient locked units. T. I, 40-43; Ex. I.

11. In conducting his evaluation, the consultant reviewed the investigative report, the transcript of the of the July 17, 1992 conference between Respondent and the Committee, and the medical records of four patients treated by Respondent at United Hospital, St. Paul, Minnesota. Those medical records are also exhibits in this proceeding. Exs. 6-9.

12. With regard to the four in-patient records, the consultant did not perceive any significant deviation from standard practice with Respondent's diagnosis and treatment of those patients as shown in the records. T. I, 141. However, the consultant was concerned that Respondent's discharge summaries and other notes were "very loose, non-organized, free flowing reports". Ex. 2 at 2. A review of the discharge summaries and other notes prepared by Respondent that appear in the in-patient records, Exs. 6-9, confirms the consultant's observations. They are often very long and detailed, but rambling and without any obvious organizational structure.

13. With regard to Respondent's out-patient practice, the consultant had great concern about her practice and the many boundary issues that appeared in the incidents described by Respondent during her interviews with the investigator from the Office of the Attorney General and with the Committee. The consultant described three categories of boundary violations in his report and testimony:

a. The first grouping of boundary concerns identified by the consultant indicated a confusion of roles as opposed to an appropriate therapeutic alliance. These boundary issues included taking a patient to lunch, seeing patients in her own home (Respondent operated her office out of her home for some period of time), giving a patient a ride in her car, contacting a client following termination of the therapy and attending a

party with clients. The consultant viewed these incidents as giving patients very mixed messages about the personal relationship between the physician and patient. Ex. 2 at 4; I, 51.

b. The second group of boundary concerns identified by the consultant involved the gifts of money and items to patients, buying items from a patient, accepting an airline ticket from the husband of a patient and, again, driving a patient to the store. The consultant considered these to be significant deviations from the standard of practice in the medical community as well as violations of boundary issues from patient to physician. Ex. 2 at 4. According to the consultant, these type of boundary violations give a very mixed message to the patient about their specialness and about their personal relationship with the physician. T. I, 51-52.

c. In the last category, the consultant included those incidents that were of greatest concern to him, each of which he felt fell far below the standards of the community and represented a definite violation of patient-physician boundaries. Additionally, the consultant believed these incidents demonstrated extremely poor judgment. They were: (1) calling a patient to request the patient help or intervene with the care of a second patient; (2) taking group members along to respond to a call from a member of the group who was not present who indicated suicidal intent; (3) the introduction of two patients in violation of both patients' confidentiality; and (4) including intensely personal information about herself in the care of clients. Ex. 2 at 4.

14. The consultant reported the results of his evaluation to the Executive Director of the Board in a letter dated September 28, 1993. Ex. 2. His conclusion and recommendation were as follows:

In conclusion it appears the major consistent theme and overall problem is the internal emotional and cognitive structure of Dr. Humenansky. This internal disorganization shows itself clearly in a number of spheres: Her personal and loose responses to questions, the disorganized rambling discharge summaries, her inconsistency with patient care, her repeated significant and dangerous boundary problems. These problems are serious threats to respectful, consistent, non-injurious patient care.

Recommendations: If not already accomplished as previously ordered I recommend a psychiatric evaluation as well as a thorough psychological testing including projective testing. Additionally I suggest that Dr. Humenansky undergo lengthy supervision of her therapy skills, especially her out-patient management therapy. This supervision would necessarily include boundaries discussion.

Ex. 2 at 5.

15. On January 21, 1994, the Board served a second Order for Mental and Physical Examination on Respondent, requiring her to submit to a physical and mental evaluation at Abbott Northwestern Hospital, Minneapolis, Minnesota, beginning February 20, 1994. Respondent failed to submit to the ordered examination. There has been no showing that the failure was due to circumstances beyond Respondent's control.

16. At the hearing on September 26, 1994, the Board's consultant stated his conclusion as follows:

Many of [the documents he reviewed] painted a picture to me of a physician who has great difficulty with personal boundaries, has some difficulty with thinking, whose judgment is impaired; and as I review this entire picture that gets presented I believe there is a strong, strong suspicion that this physician has crossed boundaries, has difficulty with her thinking, uses judgment that's not good in clinical settings and needs an examination for -- an examination to decide if her thinking is intact, if she is capable of good patient care.

I do believe that there is a strong suspicion that Dr. Humenansky poses danger to some patients and is in need of examination.

T. I, 89-90. It was also the consultant's opinion that the bad judgment demonstrated by Respondent's boundary violations was the result of a mental impairment rather than poor training and that the impairment is very real and needs evaluation. However, without a full evaluation, he is not prepared to give a diagnosis of the impairment. T. I, 147-148.

17. Respondent retained an expert witness, Colin A. Ross, M.D., to testify on her behalf. Since 1991, Dr. Ross has been the Medical Director of the Dissociative Disorders Unit at Charter Behavior Health System in Dallas, Texas. He has authored two books on MPD. T. I, 162-165; Ex. 13.

18. In general, Dr. Ross's opinion regarding Respondent's boundary issues and practice varied only in degree from the Committee's consultant. Dr. Ross opined that Respondent's problems were not sufficiently severe to justify ordering a mental status examination. Dr. Ross testified:

I see this as, sure, there [are] boundary violations; sure, she is over-involved; sure, there was some negative impact on the patients; sure, it is not desirable; but this looks to me like a problem that can be solved with an order for supervision without going through the whole rest of the procedure. I just don't see it as that severe. There is obviously a problem, otherwise we wouldn't have come this far along in the process, that is clear.

T. I, 269. Dr. Ross was of the opinion that a mental status examination would not be helpful in determining the degree of the problem because Respondent would have to be grossly impaired and wildly psychotic not to be able to pass such an examination knowing that her license was at stake. T. I, 269. He felt that more accurate mental health information would be gained by placing her practice under supervision for a period of a year or so. T. I, 279.

19. At the Board meeting in this matter on March 11, 1995, Respondent and the Committee proposed, among other things, that the Board consider directing Respondent to submit to a mental and physical examination at an out-of-state facility approved by the Board.

Based upon the forgoing Findings of Fact, the Board makes the following:

CONCLUSIONS

1. The Minnesota Board of Medical Practice and the Administrative Law Judge have jurisdiction in this matter pursuant to Minn. Stat. §§ 14.50 and 147.091 (1994).
2. The Board and the Complaint Review Committee gave proper notice in this matter and have fulfilled all relevant substantive and procedural requirements of law and rules.
3. Pursuant to Minn. Stat. § 147.091, subd. 6(a), the Board may direct a physician to submit to a mental or physical examination if the Board has probable cause to believe that a physician has an inability to practice medicine as a result of any mental or physical condition. For probable cause to exist, the objective facts must support an honest and strong suspicion

that the physician is unable to practice medicine with reasonable skill and safety to patients due to a mental or physical condition.

4. The Board has probable cause to order Respondent to submit to a mental and physical examination, pursuant to Minn. Stat § 147.091, subd. 6(a). The facts presented in this case and relied upon by the Committee are not disputed. They arise from Respondent's own statements during her interview with an investigator from the Attorney General's Office on February 7, 1992, and during her meeting with the Committee on July 17, 1992. The facts support an honest and strong suspicion that Respondent is unable to practice medicine with reasonable skill and safety to patients. The Committee's consultant feels strongly that Respondent's boundary violations, over-personalization in treating patients, and loose, rambling dialogue are most likely the result of a mental impairment. Respondent's expert, Dr. Ross, agrees that there are definite problems with respect to Respondent's practice, but believes that close supervision for a period of one year would be more helpful than a mental and physical examination. A complete examination will resolve whether Respondent suffers from a mental or physical condition that adversely effects her medical practice.

5. Pursuant to Minn. Stat. § 147.091, subd. 6(a), every physician licensed by the Board is deemed to have consented to submit to a mental or physical examination when directed in writing by the Board. Failure of a physician to submit to an examination when so directed constitutes an admission of the allegations against the physician, unless the failure was due to circumstances beyond the physician's control, in which case the Board may enter a default judgment and issue a final order.

6. Respondent has failed to comply with the Order for Mental and Physical Examination, dated January 21, 1994, not due to circumstances beyond her control, and the Board is entitled to enter a default judgment and final order in this proceeding.

Based on the forgoing Findings of Fact and Conclusions, the Board issues the following:

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED as follows:

1. Respondent's license to practice medicine and surgery in the State of Minnesota is **SUSPENDED**, provided that the suspension is stayed on the condition that Respondent complies with the Order for Mental and Physical Examination herein, dated January 21, 1994, subject to the following modifications:

a. Respondent shall submit to the ordered mental and physical examination at either the Institute of Living in Hartford, Connecticut, or at the Menninger Foundation in Topeka, Kansas. The nature, scope and duration of the examination is to be determined by staff of the facility.

b. Respondent shall make an appointment to be examined at either of the named facilities not later than thirty (30) days from the date of this Order. Respondent may contact Theodore F. Mucha, MD, at (203) 241-6840 relative to an appointment for an examination at the Institute of Living or Glen O. Gabbard, MD, at (913) 273-7500 relative to an appointment for an examination at the Menninger Foundation.


c. It shall be Respondent's further responsibility to ensure that the examination is completed not later than sixty (60) days from the date of this Order.

d. The examination results are to be transmitted directly by the Institute of Living or by the Menninger Foundation to Robert Leach at the Board office. The examination only is to be at the Board's expense. Respondent shall bear the cost of transportation, all personal and any other expenses.

2. Respondent's failure to comply with the Order for Mental and Physical Examination, dated January 21, 1994, as modified by the preceding, shall result in the immediate suspension of Respondent's license without the taking of testimony or the presentation of evidence. Any such suspension shall remain in effect until such time as Respondent demonstrates the ability to practice medicine with reasonable skill and safety to patients.

Dated: Mar 17, 1995.

MINNESOTA BOARD OF
MEDICAL PRACTICE


JAMES F. KNAPP, M.D.
President

MEMORANDUM

Subsequent to the issuance of the Administrative Law Judge's report herein on December 21, 1994, Respondent proposed that certain additional materials be received into the case record. Correspondence between the parties and the Board's legal adviser regarding the matter was exchanged and the proposed supplementation of the record was addressed orally by the parties at the meeting of the Board on March 11, 1995. None of the materials in question is received into the case record by the Board in that none is deemed to be relevant.

AFFIDAVIT OF SERVICE BY MAIL

**Re: The Matter of the Medical License of Diane Bay Humenansky, M.D.
License No. 32,069**

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

Patricia Lennick, being first duly sworn, deposes and says:

That at the City of St. Paul, County of Ramsey and State of Minnesota, on March 17, 1995, she served the attached FINDINGS OF FACT, CONCLUSIONS, AND ORDER by depositing in the United States mail at said city and state, a true and correct copy thereof, properly enveloped, with first class postage prepaid, and addressed to:

PHILIP G. VILLAUME
ATTORNEY AT LAW
INTERNATIONAL PLAZA, SUITE 675
7900 INTERNATIONAL DRIVE
BLOOMINGTON MN 55425

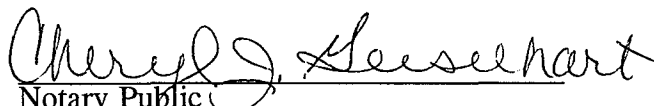
JACQUELYN E. ALBRIGHT (HAND DELIVERED)
ASSISTANT ATTORNEY GENERAL
CAPITOL OFFICE BUILDING
SUITE 500, 525 PARK STREET
ST. PAUL MN 55103

STEVE M. MIHALCHICK
ADMINISTRATIVE LAW JUDGE
OFFICE OF ADMINISTRATIVE HEARINGS
100 WASHINGTON SQUARE, SUITE 1700
100 WASHINGTON AVENUE SOUTH
MINNEAPOLIS MN 55401-2138



PATRICIA LENNICK

Subscribed and sworn to before me
this 17th day of March, 1995.



Notary Public

