

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Family Health Systems of Moose Lake, Inc 710 Skennwood Ave, Moose Lake MN 55767

MN BOARD OF PHARMACY LICENSE NUMBER

260856-5

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 (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

NO P

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Weber & Judd Co.

603 11th AVE NW

Rochester, MN

55901

MINNESOTA BOARD OF PHARMACY LICENSE NUMBER

360225-6

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 (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

None

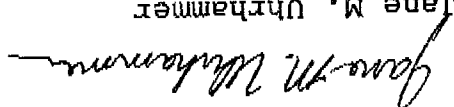
None

None

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MINNESOTA BOARD
OF PHARMACY

NATIONAL BRAND: CHAMBERLAIN'S GOLDEN TOUCH LOTION
4000 N.W. 100 ST. ■ P.O. BOX 3570 ■ DES MOINES, IOWA 50322 ■ (515) 276-1586
ESTABLISHED 1897

Jane M. Uhrhammer
Financial Officer
WEEKS & LEO CO., INC.



Sincerely,

We are a private label company which manufactures toiletries. We also repackaging OTC's and vitamins. Our products are private labeled for independent pharmacies in the United States. We do not manufacture any drug or vitamin products and we are not a wholesale drug distributor. We do not make any payments to practitioners. We receive payments from our accounts - pharmacies, for products they purchase from us.

RE: Office Memorandum on Gifts to Practitioners

David E. Holmstrom
Minnesota Board of Pharmacy

November 12, 1997

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

AMERISOURCE HEALTH Svc Corp 360344-6 244 E. WOODLAWN AVE. LOUISVILLE KY 40314

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 151.461, 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 ADDRESS OF PRACTITIONER VALUE OF PAYMENTS TYPE OF PAYMENTS

No Reportable Activity

Table with 4 columns: NAME OF PRACTITIONER, ADDRESS OF PRACTITIONER, VALUE OF PAYMENTS, TYPE OF PAYMENTS. The table contains multiple empty rows for reporting data.

DATE : November 4, 1997

TO : Legal Affairs Department
Minnesota Licensed Drug Wholesalers & Drug Manufacturers

FROM : David E. Holmstrom
Executive Director

PHONE : (612) 617-2201 - Hearing/Speech Relay Metro: 297-5353
FAX : (612) 617-2212 - Hearing/Speech Relay Non-Metro: 1-800-627-3529

SUBJECT : **Gifts to Practitioners**

The 1993 Minnesota Legislature passed a bill requiring each "wholesale drug distributor" to file, with the Board of Pharmacy, an annual report identifying all payments, honoraria, reimbursement, and other compensation paid to licensed practitioners in Minnesota during the preceding calendar year. The report requires companies to identify the nature and value of any payments, totaling \$100 or more, to a particular practitioner during the year. Enclosed is a copy of the form we will be using to collect this information. Please complete this form and return it to us at your earliest convenience. Please return the form even if you had no reportable activity.

All drug wholesalers and drug manufacturers, doing business in Minnesota, began keeping track of these types of disbursements, effective January 1, 1994. While no specific date is found in the statutes, reports are to be filed in early 1998, covering disbursements made in calendar 1997.

Your cooperation is greatly appreciated.

DEH:jmk

Enc.

*Sales were /are made to another
wholesaler within your state*

*Keye Johns
President*

