

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Stiefel Laboratories Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

255 Alhambra Circle
Coral Gables FL 33134

MN 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 151.461, 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

RECEIVED AT

DEC 26 2000

MINNESOTA
DEPARTMENT OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

EASTMAN KODAK COMPANY

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1600 LEXINGTON AVE.
ROOSTERSTEK NY 14652-0122

MN BOARD OF PHARMACY LICENSE NUMBER

360488-5

NAME OF PRACTITIONER

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

NONE

ADDRESS OF PRACTITIONER

RECEIVED AT

JAN 12 2001

MINNESOTA BOARD
OF PHARMACY

TYPE OF PAYMENTS

VALUE OF PAYMENTS

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 WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Butler Sales Associates, Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

P.O. Box 8098

St. Joseph, Mo 64508-8098

MN BOARD OF PHARMACY LICENSE NUMBER

359906-8

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 (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

N/A

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

JAN 5 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/ANUFACTURER

NCS Healthcare of WA Inc

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/ANUFACTURER

3305 Main Street, Suite 205, Vancouver, WA 98663

MN BOARD OF PHARMACY LICENSE NUMBER

361010-9

NAME OF PRACTITIONER

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

No reportable activity for calendar year 2000.

E. J. Ph., R.Ph.

1-800-542-7175

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

1-2-01

RECEIVED AT

JAN 5 2001

MINNESOTA BOARD OF PHARMACY

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 (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.



Eon Labs

The Pharmacy Drug Company

January 2, 2001

RECEIVED AT

JAN 8 2001

MINNESOTA BOARD
OF PHARMACY

Mr. David Holmstrom
Executive Director
Minnesota Board of Pharmacy
2829 University Avenue Southeast, Suite 530
Minneapolis, MN 55414-3251

Dear Mr. Holmstrom:

This letter is in response to your Office Memorandum dated November 3, 2000 regarding Gifts to Practitioners. We have determined to the best of our knowledge that Eon Labs has not made any payments, or granted any honoraria to practitioners in the state of Minnesota in 2000. Attached you will find the form that was provided with your letter.

Sincerely,

Christopher Lo Sardo
Marketing Manager/Contract Administration
Eon Labs – The Pharmacy Drug Company

Cc: F. Della Fera, R.Ph.
file

MINNPAYMT

Barr Laboratories, Inc.

2 Quaker Road • P.O. Box 2900 • Pomona, NY 10970-0519 • 845/362-1100

January 2, 2001

Mr. David E. Holmstrom
Executive Director
Minnesota Board of Pharmacy
2829 University Avenue Southeast, Suite 530
Minneapolis, MN 55414-3251

Dear Mr. Holmstrom:

In reference to your letter of November 3, 2000, Barr Laboratories made no financial payments to practitioners in the State of Minnesota during Calendar Year 2000.

Sincerely,



Timothy P. Catlett
Sr. Vice President Sales and Marketing

TPC/nlr
Attachment