



GlaxoSmithKline

April 24, 2002

GlaxoSmithKline
PO Box 13398
Five Moore Drive
Research Triangle Park
North Carolina 27709
Tel. 919 483 2100
www.gsk.com

VIA AIRBORNE EXPRESS

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

RECEIVED AT

APR 25 2002

MINNESOTA BOARD
OF PHARMACY

Dear Mr. Holmstrom:

Pursuant to Minnesota Statute Section 151.47(f), SmithKline Beecham Corporation, d/b/a GlaxoSmithKline is submitting to the Minnesota Board of Pharmacy all 2001 payments, honoraria, reimbursement or other compensation paid by GlaxoSmithKline to individual practitioners which totaled \$100.00 or more which are authorized by Section 151.461(3) to (5).

You will note that two reports are attached. The first report is the format that SmithKline Beecham has submitted in previous years pursuant to the approval of the Minnesota Board of Pharmacy. The second report is in the format provided by the Minnesota Board of Pharmacy and reflects payments that are not captured in the first report due to the merger between SmithKlineBeecham Corp. and Glaxo Wellcome Inc.

The attached reports reflect only payments made directly by GlaxoSmithKline to a Minnesota practitioner. GlaxoSmithKline has arrangements with Foundations, Universities, Contract Research Organizations and other business entities to conduct research in which payment may be made by such an institution to a Minnesota practitioner. Compensation to Minnesota practitioners in these cases is not directly from GlaxoSmithKline, therefore payments to these entities are not necessarily reflected on the attached reports. Similarly, payments to a sponsor of a medical conference, professional meeting or other educational program, where GlaxoSmithKline does not pay the practitioner directly, are not reported.

Should you have any questions regarding the attached reports, please contact Ms. Julie Lemieux, Senior Corporate Paralegal, at (919) 483-2783.

Sincerely,

Ann K. Rosen
Assistant General Counsel

Version Title. 1099 Report for Minnesota FP
 Report Headings SmithKline Beecham - 1099 Report Tape Processing
 Minnesota

Selected Files
 ID File Library Member Description
 F01 F045143 *LIBL *FIRST WF - 1099 A/P Workfile
 F02 F0101JE *LIBL *FIRST JF - Address Mailing Labels (F0101 F0116)

File Join Fields
 Field Relation Field

Selected Fields
 Field Description Size Dec PSize E/C Scl Cspc Wrp PWh Shdg
 G1AN8 EQ ABAN8
 G1CO Company 5 *DF N A N
 G1TOR Type of Return 2 *DF N A N
 G1TAX Tax ID 20 *DF N A N
 G1AN8 Address Number 8 0 8 Z 0 *DF N A N
 G1AA Amount 15 2 20 K 0 *DF N A N
 ABALPH Alpha Name 40 *DF N C N
 ALADD1 Address Line 1 40 *DF N A N
 ALADD2 Address Line 2 40 61 Y A Y
 ALADD3 Address Line 3 40 *DF N A Y
 ALADD4 Address Line 4 40 61 Y A Y
 ALCTY1 City 25 *DF N A Y
 ALADD5 State 3 *DF N A Y
 ALADDZ Postal Code 12 *DF N A Y
 ALCTR Country 3 *DF N A Y

Selected Records
 Field Description Test Values
 G1CO Company NVALUE '00410' '00993'
 G1TAX Tax ID NE
 ALADD5 State EQ 'MN'

Data Sort & Summary Functions
 Order Field Description A/D Level Page Spacing Summaries

10 GITAX Tax ID A N *DF Y

Query Options

User Exclusive (0/1/2/3) 0
 Print Cover Page (Y/N) Y
 Hold on Job Queue (Y/N) N
 Batch Job Queue *JOB
 Query Detail (or Totals Only) D
 Line Wrap (Y/N) Y
 One Line per Page (Y/N) N

SmithKline Beecham - 1099 Report Tape Processing
Minnesota

Co T R	Tax ID	Address Number	Amount	Alpha Name	Address Line 1	MN
00110 A7	088444583	348969	5,000.00	RICHARD J RODEHEFFER MD	ROCHESTER 604 9TH AVE SW	MN 55905
00110 A7	093608929	396101	300.00	CHRISTOPHER A. FOLEY	ROCHESTER 541 W 98TH	MN 55902
00110 A7	099820743	407142	750.00	DOUG LIEPERT	BLOOMINGTON 1201 MILLSTONE COURT	MN 55420
00950 A7	106744608	422095	1,750.00	JOSEPH BECHUK	ST. CLOUD 3185 OLIVER LANE NORTH	MN 56303
00950 A7	107644982	417223	1,000.00	EDUARDO CRISOSTOMO 3820 LONDON AVENUE	PLYMOUTH SUITE 110	MN 55447
00110 A7	117421167	253754	1,000.00	WILLIAM T HESSON MD	DULUTH 10968 CHAPMAN PT	MN 55804
00950 A7	117621739	425289	500.00	ANDREW CHANG 1909 21ST STREET, SOUTHWEST	EDEN PRAIRIE APARTMENT A	MN 55347
00950 A7	130442260	376781	350.00	BENJAMIN YOKEL	WILLMAR 1812 YOUNG LAKE RD	MN 56201
00950 A7	132441721	410616	500.00	PAUL BERGSTRAND 610 30TH AVENUE WEST	MELRUDE ALEXANDRIA CLINIC	MN 55766
00950 A7	138321811	409899	2,000.00	INGRID V NEEL	ALEXANDRIA 210 SOUTHEAST EIGHTH STREET	MN 56308
00950 A7	140342454	424338	1,000.00	STEPHEN S HECHT CENTER, MAYO MAIL CODE #806	ROCHESTER UNIVERSITY OF MINNESOTA CANCER 420 DELAWARE STREET SOUTHEAST	MN 55904
00110 A7	141584050	349579	500.00	MICHAEL MANOLAKIS	MINNEAPOLIS 8899 BRADFORD PLACE	MN 55455
00950 A7	149302078	407597	8,500.00	HENRY H BALFOUR JP. BOX 437 MAYO, U.M.H.C.	EDEN PRAIRIE UNIVERSITY OF MINNESOTA 420 DELAWARE STREET, S.E.	MN 55347
00110 A7	149302078	407597	2,500.00	"	MINNEAPOLIS UNIVERSITY OF MINNESOTA 420 DELAWARE STREET, S.E.	MN 55455
00110 A7	149504513	416904	1,000.00	ALLAN P INGENITO 30F NEUROLOGY	MINNEAPOLIS MINNEAPOLIS CLINIC SUITE 209	MN 55455
00110 A7	151401634	283557	500.00	THOMAS CHENG MD	COON RAPIDS 6619 KELSEY CT	MN 55433
00950 A7	160421171	407595	3,750.00	DAVID F GRAFT ALLERGY DEPARTMENT	EDINA PARK NICOLLET MEDICAL CENTER 3800 PARK NICOLLET BOULEVARD	MN 55436
00110 A7	160421171	407595	1,000.00	//	MINNEAPOLIS PARK NICOLLET MEDICAL CENTER	MN 55416

SmithKline Beecham - 1099 Report Tape Processing
Minnesota

Co	T	Tax	Address	Amount	Alpha	Address
R	ID	Number	Name		Line 1	
00070	A7	166424117	456394	2,000.00	ALLERGY DEPARTMENT	3800 PARK NICOLLET BOULEVARD MINNEAPOLIS MN 55416 3604 MAYWOOD ROAD SW
00950	A7	171706729	424608	1,000.00	LAURENCE J MILLER	ROCHESTER MN 55902 PARK NICOLLET CLINIC
00110	A7	177405913	326875	500.00	SALIM KATHAWALLA 3800 PARK NICOLLET BOULEVARD	ST. LOUIS PARK MN 55416 1406 SIXTH AVENUE NORTH
00950	A7	195500977	427713	250.00	PRADUB SUKHUM MD	ST CLOUD MN 56303 SUITE 700
00950	A7	205360459	389681	250.00	CLAIRE A ROMANO 920 EAST 28TH STREET	MINNEAPOLIS MN 55407 3800 NICOLLET BLVD
00950	A7	205360459	408862	4,500.00	RICHARD MORRIS	ST LOUIS PARK MN 55416 3800. PARK NICOLLET BOULEVARD
00110	A7	206368419	458633	1,500.00	RICHARD J MORRIS	MINNEAPOLIS MN 55416 MINNESOTA EPILEPSY GROUP
00110	A7	209704482	309496	500.00	PATRICIA E PENOVICH 310 NORTH SMITH AVENUE SUITE 300	ST. PAUL MN 55102 3710 W ST GERMAIN APT #322
00110	A7	210604731	446328	1,000.00	MARWAN HAMATY MD	ST. CLOUD MN 56301 HIV VIRAL CENTER
00110	A7	212668833	134727	3,500.00	RONALD FALCON 2655 LONG LAKE RD STE100A	ROSEVILLE MN 55113 16 SKI LN
00110	A7	212888833	346677	500.00	LES FORGOSH MD FACC FACP	NORTH OAKS MN 55127 16 SKI LANE
00950	A7	213726721	376773	350.00	PIERRE GEORGE	NORTH OAKS MN 55127 393 DUNLAP ST N
00110	A7	218118314	458117	750.00	SOTIROS PARASHOS	ST PAUL MN 55104 5608 THOMAS AVENUE SOUTH
00110	A7	219234892	444480	250.00	DESMOND JAY DEPT. INTERNAL MED.	MINNEAPOLIS MN 55410 UNIVERSITY OF MINNESOTA 420 DELEWARE STREET 14TH FLOOR
00110	A7	225697835	420026	1,000.00	SURENDRA D RAO	MINNEAPOLIS MN 55455 737 KINGSWAY DRIVE
00950	A7	226545088	421531	250.00	HENRY SMITH	LE SUEUR MN 56058 825 SOUTH 8TH STREET

SmithKline Beecham - 1999 Report Tape Processing
Minnesota

Co	T	Tax	Address	Amount	Alpha	Address
R	ID	Number	Name		Line 1	
00950	A7	388623883	406934	1,500.00	ALAN D PRATT	WOODBURY ROUTE 2, BOX 6171 MN 55125
00110	A7	388623883	406934	1,500.00	//	HOUSTON ROUTE 2, BOX 6171 MN 55943
00950	A7	389440727	422149	2,000.00	DIANNE MALLISON 3400 WEST 66TH STREET	HOUSTON SUITE 385 MN 55943
00110	A7	391401056	348800	250.00	JEFFERY D GORMAN MD	EDINA PO BOX 20309 MN 55435
00110	A7	391503480	446405	1,500.00	GARY C KINDT 400 EAST 3RD STREET	BLOOMINGTON DULUTH CLINIC MN 55420
00950	A7	392808435	420364	2,150.00	TODD M GREATENS 2024 SOUTH 6TH STREET	DULUTH BRAINERD MEDICAL CENTER, PA MN 55805
00110	A7	392808435	420364	2,000.00	2024 SOUTH 6TH STREET	BRAINERD MEDICAL CENTER, PA MN 56401
00950	A7	392828058	416261	1,500.00	CHRISTOPHER TOLAN 393 N. DUNLAP STREET	BRAINERD SUITE 600 MN 56401
00110	A7	394569731	466073	300.00	ERIK J VEUM	ST. PAUL 2233 WHISPERING TRAIL MN 55104
00110	A7	394667863	459171	250.00	JULIE S GERNDT	EAGAN 127 RED OAK DRIVE MN 55122
00950	A7	394849629	421515	250.00	JILL PINTENS	MANKATO 2849 NORTHEAST JOHNSON STREET MN 56001
00950	A7	396309471	414406	4,000.00	WILLIAM SCHOENWETTER	MINNEAPOLIS 3900 PARK NICOLLETT BOULEVARD MN 55418
00950	A7	396768460	421074	500.00	LYNN S BORKENHAGEN	SAINT LOUIS PARK 200 FIRST STREET S.W. MN 55416
00950	A7	397443284	415763	750.00	DAVID CORNFIELD BOX 742 MAYO	ROCHESTER PEDIATRIC PULMONARY DEPARTMENT 420 DELAWARE STREET S.E. MN 55905
00950	A7	397541135	421865	250.00	BARBARA GERSHAN	MINNEAPOLIS 15050 CRESTVIEW LANE MN 55416
00110	A7	397625649	460211	250.00	PAUL MICHELS	MINNETONKA 317 HOUSTON AVENUE MN 55345
00110	A7	397803309	466015	750.00	ROXANNE JADIN-CARDELLI 1230 EAST MAIN STREET SUITE A	CROOKSTON MANKATO CLINIC MN 56716
						NORTH MANKATO MN 56001

SmithKline Beecham - 1099 Report Tape Processing
Minnesota

Co	T	Tax	Address	Amount	Alpha	Address
R	ID	Number	Name		Line 1	
00950	A7	398383182	427403	250.00	JOHN L PRZYBYLSKI	5 STANDISH ROAD
00950	A7	398561155	396428	250.00	KIM THOMPSON	WAYLAND 1953 WOODHAVEN LANE MN 01778
00950	A7	399723233	396429	250.00	MICHAEL P. LEEHY	DULUTH BOX 16303 MN 55803
00950	A7	404028578	409876	750.00	TROY PAYNE OF ST. CLOUD, PA	DULUTH NEUROLOGY CLINIC SUITE 105 MN 55816
00950	A7	411272206	398671	200.00	JOHN EICHTEN MD	MINNEAPOLIS 6501 INTERLACHEN BLVD MN 55402

SmithKline Beecham - 1099 Report Tape Processing
Minnesota

Co R	T ID	Address Number	Amount	Alpha Name	Address Line 1
00110 A7	411990129	348630	250.00	LESLI N KRAMER MD PA	SAINT PAUL 11000 PRAIRIE LAKES DR STE 610 MN 55102
00950 A7	415940902	407883	2,000.00	J. MICHAEL JONES	EDEN PRAIRIE 215 NORTH SECTION AVENUE MN 55344
00950 A7	428960441	425765	1,000.00	ROBERT "MICHAEL" BOWEN SUITE 700	MINNESOTA LUNG CENTER 920 EAST 28TH STREET MINNEAPOLIS FAIRVIEW RED WING CLINIC MN 55455
00950 A7	432941865	424898	300.00	GREG A KAYS 424 WEST 4TH STREET	MN 55407
00950 A7	432962753	406855	1,500.00	ERIC W GOAD HEALTH SERVICE	RED WING ALLINA BEHAVIORIAL SUITE 385 EDINA MN 55066
00950 A7	443481121	423306	1,000.00	DAVID W BONHAM SUITE 201	MN 55435
00110 A7	443481121	423306	1,000.00	// SUITE 201	ST. PAUL 255 SMITH AVENUE NORTH PULMONARY CRITICAL CARE ASSOC. MN 55102
00950 A7	446480637	374700	1,000.00	JOHN W TULLOCH MD	ST. PAUL 310 OAKWOOD TERR MN 55102
00950 A7	446480637	422141	3,000.00	JOHN TULLOCH 640 JACKSON STREET	ST PAUL REGIONS HOSPITAL MN 55127-6018
00950 A7	451606142	376770	350.00	BURREL H DEATON	ST. PAUL 6490 EXCELSIOR BLVD MN 55101
					ST LOUIS PARK MN 55426

SmithKline Beecham - 1099 Report Tape Processing
Minnesota

Co	T	Tax	Address	Amount	Alpha	Address
R	ID	Number	Name		Line 1	
00110	A7	469563308	343420	500.00	BRIAN R KOLLER MD	EDINA 3400 W 66TH ST STE 385 MN 55345
00110	A7	469563308	344100	500.00	//	EDINA 3400 W 66TH ST STE 385 MN 55435
00950	A7	469603192	421332	750.00	DAN ANDREASEN	EDINA 317 NORTH ORCHARD STREET MN 55435
00950	A7	469606383	424262	250.00	ALLEN KUPERMAN	NORTHFIELD 12770 BASS LAKE ROAD MN 55057
00950	A7	470367662	421671	3,250.00	SCOTT NICHOLAS 17599 KENWOOD TRAIL	MAPLE GROVE MN 55369 C/O EISENSTADT ALLERGY CLINIC
00950	A7	470425976	410239	4,500.00	STEVEN E PRAWER MD	LAKEVILLE 8313 WEST FRANKLIN AVENUE MN 55044
00110	A7	470425976	410239	3,500.00	//	SAINT LOUIS PARK MN 55426 8313 WEST FRANKLIN AVENUE
00950	A7	470541978	396425	250.00	ERNEST PEASLEE	SAINT LOUIS PARK MN 55426 3512 E. 4TH ST.
00950	A7	470668919	427772	250.00	MICHAEL R WEXLER 12450 WAYTATA BOULEVARD	DULUTH MN 55804 ALLERGY CLINIC, LTD.
00950	A7	470701869	420059	3,500.00	BRUCE J ANDERSON	MINNETONKA MN 55305 2724 ISLE ROYALE COURT
00070	A7	470701869	365403	14,000.00	BRUCE J ANDERSON, MD	BURNSVILLE MN 55337 2724 ISLE ROYALE COURT
00110	A7	470701869	420059	6,000.00	BRUCE J ANDERSON	BURNSVILLE MN 55337 2724 ISLE ROYALE COURT
00110	A7	470724775	409510	1,000.00	JOSEPH R THURN	BURNSVILLE MN 55337 ONE VETERANS DRIVE
00950	A7	470744359	409655	3,500.00	JESSICA O HEIRING	MINNEAPOLIS MN 55417 4225 GOLDEN VALLEY ROAD
00110	A7	470785406	296885	500.00	DURAND BURNS MD	GOLDEN VALLEY MN 55422 2821 W 53RD ST
00110	A7	470804003	396076	250.00	ROBERT K GAZZOLA	MINNEAPOLIS MN 55410 129 W LEWIS STREET
00950	A7	470945415	420745	1,850.00	LISA JACOBSON	MANKATO MN 56001 612 FIRST AVENUE SOUTHEAST
00950	A7	471023171	424649	250.00	KRISTIN HENSRUD	NEW PRAGUE MN 56071 221 MEDICAL ARTS BUILDING

SmithKline Beecham - 1099 Report Tape Processing
Minnesota

Co T R	Tax ID	Address Number	Alpha Name	Amount	Address Line 1	MN
00110	A7 472627097	412638	RICHARD SVEUM	1,000.00	2700 SYLVAN ROAD	
00950	A7 472641396	422741	SCOTT YAROSH 2550 UNIVERSITY AVENUE WEST	750.00	MINNETONKA SUITE 229	55305
00110	A7 472688760	459065	JOHN GLICK	250.00	ST. PAUL 3149 HWAY 61	55114
00950	A7 472705269	424209	THOMAS C WINEGARDEN	1,750.00	TWO HARBORS 18762 ERIN BAY	55616
00110	A7 472705269	424209	//	750.00	EDEN PRAIRIE 18762 ERIN BAY	55347
00110	A7 472780749	459069	COLLEEN WALLIS	250.00	EDEN PRAIRIE 3510 4TH AVENUE W	55347
00110	A7 472844158	456958	RICHARD P BRANSFORD 1149 MEDICAL ARTS BUIDING	1,000.00	HIBBING ALLERGY & ASTHMA SPECIALISTS	55746
00950	A7 472983077	437259	MARK SANNES 701 PARK AVENUE	500.00	MINNEAPOLIS HENNEPIN COUNTY MEDICAL CENTER	55402
00950	A7 473380769	419232	PAUL B DICKINSON	750.00	MINNEAPOLIS 421 SUMMIT AVENUE #3	55415
00950	A7 473448966	437378	CARLTON R ERICKSON 11685 LAKE BOULEVARD NORTH	750.00	ST. PAUL CHISAGO LAKES MEDICAL CENTER	55117
00110	A7 473520925	466033	MYRON MALECHA MD	250.00	CHISAGO LAKES 30285 DRAKE ST NW	55013
00950	A7 473545026	423191	BRIAN LIVERMORE 619 5TH STREET, N.W.	750.00	ISANTI NORTHERN FAMILY CLINIC	55040
00110	A7 473606848	347727	LIBIRIO L LIRA MD	200.00	BEMIDJI 226 CENTRAL AVENUE	56601
00950	A7 473624822	422831	ALLAN MCCAMY 911 MARYLAND AVENUE EAST	200.00	OSSEO EAST METRO FAMILY PRACTICE	55369
00950	A7 473703195	419093	JEFFREY KOWITZ 615 SOUTH MILL STREET	1,000.00	ST. PAUL FERGUS FALLS MEDICAL GROUP	55106
00110	A7 473709755	413676	ROBERT J OLSON MADISON EAST CENTER	1,750.00	FERGUS FALLS PSYCHIATRIC CLINIC OF MANKATO 1400 MADISON AVENUE	56537
00950	A7 473763399	427135	TODD KANZENBACH	250.00	BURNSVILLE 300 CHANCERY LANE	55337

SmithKline Beecham - 1099 Report Tape Processing
Minnesota

Co T R	Tax ID	Address Number	Amount	Alpha Name	Address Line 1
00950 A7	474829866	424155	250.00	DEB HAIDER	ROBBINSDALE 3300 OAKDALE AVENUE NORTH MN 55422
00110 A7	474829992	320044	250.00	MARK HOLM MD	ROBBINSDALE 1108 MILL CREEK CIRCLE MN 55441
00950 A7	474864937	437344	250.00	JANE MARYSTONE 342 13TH AVENUE N.E.	ST CLOUD SHERIDAN WOMEN'S AND CHILDREN MN 56303
00950 A7	475561166	423659	1,000.00	JOSEPH L GRAIF SUITE 201	MINNEAPOLIS MN 55414 ST. PAUL LUNG CLINIC 255 NORTH SMITH AVENUE
00110 A7	475561166	423659	2,500.00	// SUITE 201	ST. PAUL MN 55102 ST. PAUL LUNG CLINIC 255 NORTH SMITH AVENUE
00950 A7	475587634	418888	3,250.00	DAVID KROSKA AND CHILDREN'S MEDICAL CENTER	ST. PAUL MN 55102 CENTRA CARE WOMEN 1520 NORTHWAY DRIVE
00110 A7	475587634	418888	1,750.00	AND CHILDREN'S MEDICAL CENTER	ST. CLOUD MN 56303 CENTRA CARE WOMEN 1520 NORTHWAY DRIVE
00110 A7	475642231	330031	500.00	BRYANT BEEHLER MD	ST. CLOUD MN 56303 ST. CLOUD 14133 ORCHID ST NW
00110 A7	475803763	447589	750.00	JEFF MYERS 1300 LAGOON AVENUE	ANDOVER MN 55304 SUITE 400
00950 A7	475948003	437510	250.00	KELLY J HOFFMAN	MINNEAPOLIS MN 55408 17159 140TH STREET
00110 A7	476500617	466071	300.00	GREGORY H SALMI	WALNUT GROVE MN 56180 4516 EDINA BLVD
00110 A7	476520222	98630	250.00	JOHN P BANTLE MD	EDINA MN 55424 1865 HILLCREST AVE
00950 A7	476527935	424261	2,000.00	DAVID SCHROECKENSTEIN	ST PAUL MN 55116 3955 PARKLAWN AVENUE SOUTH
00110 A7	476527935	424261	1,000.00	//	EDINA MN 55435 3955 PARKLAWN AVENUE SOUTH
00110 A7	476541440	347709	250.00	HAROLD V PEARSON MD	EDINA MN 55435 9995 ARCOLA CT
00110 A7	476541955	414209	150.00	MARY U KEATING MEDICAL CENTER	STILLWATER MN 55082 WOMEN AND CHILDRENS SUITE 116 SAINT CLOUD MN 56303

SmithKline Beecham - 1099 Report Tape Processing
Minnesota

Co	T	Tax	Address	Amount	Alpha	Address
R	ID	Number	Name			Line 1
00950	A7	476989396	414323	2,500.00	MICHAEL CAMILLERI	BLOOMINGTON 932 FOURTH STREET SOUTHWEST MN 55431
00950	A7	477444428	427350	250.00	CHARLES K DUNHAM 1814 NORTH ST. PAUL ROAD	ROCHESTER MINNHEALTH FAMILY PHYSICIANS MN 55902
00950	A7	477527497	396160	250.00	DENNIS SCHERER MD	ST. PAUL 21717 ISLEVIEW RD MN 55109
00950	A7	477527497	419749	1,500.00	DENNIS SCHERER 111 SOUTH EAST 3RD STREET	GRAND RAPIDS GRAND RAPIDS MEDICAL ASSOC. MN 55744
00110	A7	477527497	419749	2,000.00	111 SOUTH EAST 3RD STREET	GRAND RAPIDS GRAND RAPIDS MEDICAL ASSOC. MN 55744
00110	A7	477563770	453478	300.00	DAVID E PAUTZ 3918 WEST 49 1/2 STREET	GRAND RAPIDS ASPEN MEDICAL GROUP MN 55744
00110	A7	477566736	319562	300.00	THOMAS STOCKS MD	EDINA 2200 COMMERCE BLVD MN 55424
00950	A7	477642638	422120	750.00	RICHARD BRUNDAGE	MOUND 1464 NORTH VICTORIA STREET MN 55364
00950	A7	477644120	378397	1,500.00	TIM SCHACKER, MD	SAINT PAUL 1365 NEAL AVENUE NORTH MN 55117
00950	A7	477644180	409986	1,000.00	TIMOTHY W SCHACKER DIVISION OF INFECTIOUS DISEASE	LAKE ELMO UNIVERSITY OF MINNESOTA BOX 250 UMHC MINNEAPOLIS MN 55455
00110	A7	477644180	409986	2,500.00	// DIVISION OF INFECTIOUS DISEASE	UNIVERSITY OF MINNESOTA BOX 250 UMHC MINNEAPOLIS MN 55455
00110	A7	477644902	319571	300.00	WILLIAM PEGLOW MD	MINNEAPOLIS 5920 HARDCRABBLE CIRCLE MN 55455
00110	A7	477682797	396077	250.00	RICHARD J. PELLER	EDEN PRAIRIE 1509 CASTLE DR MN 55347
00110	A7	477721373	213386	500.00	LYLE J OLSON MD 3761 13TH AVENUE SW	NORTH MANAKATO MAYO CLINIC MN 56003
00950	A7	477727262	406355	3,000.00	ANTHONY C ORECCHIA 565 SOUTH SNELLING AVENUE	ROCHESTER ST. PAUL ALLERGY AND ASTHMA MN 55902
00950	A7	477801702	421122	2,050.00	LYNNE BAUSEMAN	ST. PAUL 657 MCFADDEN TRAIL MN 55116
00110	A7	477801702	421122	250.00	//	EAGAN 657 MCFADDEN TRAIL MN 55123

SmithKline Beecham - 1099 Report Tape Processing
Minnesota

Co T R	Tax ID	Address Number	Amount	Alpha Name	Address Line 1
00110 A7	504565072	407855	500.00	<i>Brian Coornd</i>	ROCHESTER 5753 LONGBOAT ROAD NORTHWEST MN 55901
00950 A7	504782107	415530	3,000.00	JOHN SCHMITZ ADD CHG PER CE 9-14-00	ROCHESTER 2010 25TH STR SOUTH MN 55901
00110 A7	504782107	415530	3,500.00	// ADD CHG PER CE 9-14-00	ST. CLOUD 2010 25TH STR SOUTH MN 56301
00110 A7	508748027	447575	250.00	BETH LEAVEAGH 3800 PARK NICOLLET BOULEVARD	ST. CLOUD ALLERGY & ASTHMA ASSOCIATES MN 56301
00950 A7	522947101	426969	2,000.00	JAMES BENZMILLER PO BOX 8674	EAGAN 1230 EAST MAIN STREET MN 55123
00110 A7	522947101	426969	1,000.00	// PO BOX 8674	MANKATO 1230 EAST MAIN STREET MN 56002
00110 A7	523641134	466069	300.00	GARY BRUNKOW	MANKATO 5101 SKY HI DRIVE MN 56002
00950 A7	528622861	406892	1,500.00	FRANK S RHAME CLINIC 42	EDINA ABBOTT NORTHWESTERN HOSPITAL 800 EAST 28TH STREET MN 55407
00110 A7	528622861	406892	2,500.00	// CLINIC 42	MINNEAPOLIS ABBOTT NORTHWESTERN HOSPITAL 800 EAST 28TH STREET MN 55407
00950 A7	527707633	424981	500.00	SUSAN J HALLORAN 200 FIRST STREET SOUTHWEST	ROCHESTER 7235 GUIDER DR APT 313 MN 55905
00110 A7	527829920	277849	2,500.00	RON LANDBLOOM MD	WOODSBURY 7108 BRISTOL BLVD MN 55125
00110 A7	528687420	332382	1,340.00	PATRICIA ANNE DEARDEN	EDINA 2008 13TH ST SOUTH MN 55435
00110 A7	538489852	321797	500.00	CHRISTOPHER K BALAKANY MD	ST CLOUD 4924 S SAFARI COURT MN 56301
00110 A7	552725867	39975	1,000.00	FREDRICK O FERRIS MD	EAGAN 101 MANCHESTER CT MN 55122
00950 A7	552947101	376769	350.00	JAMES A BENZMILLER	MANKATO 14000 NICOLLET AVE S MN 55426
00950 A7	562419103	376778	350.00	JEFFREY SAMUELSON	BURNSVILLE MN 55337
00950 A7	568029447	408345	250.00	MARY ANNE ELDER	ALLERGY AND ASTHMA SPECIALISTS

SmithKline Beecham - 1099 Report Tape Processing
 Minnesota

CO R T	Tax ID	Address Number	Amount	Alpha Name	Address Line 1
00950 A7	586387603	376777	350.00	MIMI LAM	MINNEAPOLIS 6525 BARRIE RD MN 55402
00110 A7	587669828	433931	1,500.00	RICHARD JOLKOVSKY MD	EDINA 1115 MILL CREEK CIRCLE MN 55435

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Zumbrota Healthcare

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

383 W 5th St Zumbrota MN 55992

MN BOARD OF PHARMACY LICENSE NUMBER

360502-0

MINNESOTA STATUTES REQUIRE WHOLESALER 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.

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Ø none

Crapp RPh
11-7-01

RECEIVED AT
NOV 8 2001
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Witt's Pharmacy
MN BOARD OF PHARMACY LICENSE NUMBER

Box 370 Rushford, Mn 55471

MINNESOTA STATUTES REQUIRE WHOLESALE 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

VALUE OF PAYMENTS

TYPE OF PAYMENTS

(Large handwritten signature/initials, possibly "Witt's", circled)

RECEIVED AT
NOV 8 2001
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

United Feeds Inc.

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

310 2nd Ave. S.W.

Waseca, Mn. 56093

MN BOARD OF PHARMACY LICENSE NUMBER

405433-7

MINNESOTA STATUTES REQUIRE WHOLESAL 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 TALLING \$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.)

No Reportable Activity

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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NOV 8 2001
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Windom Area Hospital
Pharmacy / Wholesale
2101243-4 / 360345-9

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

2150 Hospital Drive

MINNESOTA STATUTES REQUIRE WHOLESALE 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

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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NOV 8 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Snyder Drug

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

120 West 3rd St

Monticello, MN 55862

MN BOARD OF PHARMACY LICENSE NUMBER

360570-3

MINNESOTA STATUTES REQUIRE WHOLESALE 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 TOTALLING \$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.)

[Handwritten signature]

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
NOV 8 2001
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Arrowheath - Bloomington

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Suite 253 9555 James Ave - Bloomington MN 55431

MN BOARD OF PHARMACY LICENSE NUMBER

459987-6

MINNESOTA STATUTES REQUIRE WHOLESALER 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 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
NOV 8 2001
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER


West Health Pharmacy

2855 Campus Dr. Plymouth MN

MN BOARD OF PHARMACY LICENSE NUMBER

261148-2

MINNESOTA STATUTES REQUIRE WHOLESALE 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 TO TALLING \$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
NOV 8 2001
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Methodist Hospital Pharmacy

6500 Excelsior Blvd, St Louis Park, MN 55426

MIN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALER 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	VALUE OF PAYMENTS	TYPE OF PAYMENTS
<i>none</i>			
	11-6-01		
			RECEIVED AT
			NOV 8 2001
			MINNESOTA BOARD OF PHARMACY

YEAR 2001

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER MCKESSON MIN BOARD OF PHARMACY LICENSE NUMBER 300375-8	ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER 3230 SARUVE ST LITTLE CANADA, MN 55117
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MINNESOTA STATUTES REQUIRE WHOLESALER 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 TOTALLING \$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
 NOV 8 2001
 MINNESOTA BOARD
 OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OR 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.
Mn BOARD OF PHARMACY LICENSE NUMBER	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)
	VALUE OF PAYMENTS	TYPE OF PAYMENTS
Mpls Oxygen		Nine

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NOV 8 2001
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Northwest Respiratory Services LLC
MN BOARD OF PHARMACY LICENSE NUMBER

716 Prior Ave N. St. Paul, MN 55104-1037

MINNESOTA STATUTES REQUIRE WHOLESALE 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.

460038-3

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

RECEIVED AT

NONE

NONE

NOV 8 2001

NONE

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	MINNESOTA STATUTES REQUIRE WHOLESALER 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 TO FALLING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.		
Mn BOARD OF PHARMACY LICENSE NUMBER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
4599248-1	Family Medical Service	1705 Madison Ave. Mantab, MN. 55001		
	Nothing to report			

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MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Lee International Co., Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

7420 Unity Av. N. Suite 303, Brooklyn Park, MN 55433

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALER 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 TOTALLING \$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

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NOV 8 2001
MINNESOTA BOARD
OF PHARMACY



**TIRO
INDUSTRIES
INCORPORATED**

RECEIVED AT
NOV 8 2001
MINNESOTA BOARD
OF PHARMACY

November 6, 2001

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

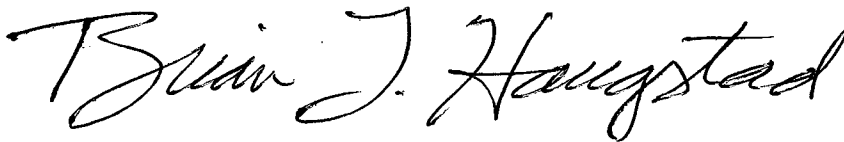
Dear Director, Minnesota Board of Pharmacy:

Thank you for forwarding a copy of the 2001 Minnesota Board of Pharmacy
"Gifts to Practitioners" notification form. Enclosed is the completed report.

Please contact us at 763-572-2818, if we can provide additional information.

Sincerely,

TIRO INDUSTRIES, INC.



Brian L. Haugstad
Regulatory Affairs Manager

STEMP DRUG STORE

CHATFIELD, MINN. 55923
 NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

209 Main St. Chatfield, MN 55923

MN BOARD OF PHARMACY LICENSE NUMBER

360795-0

MINNESOTA STATUTES REQUIRE WHOLESALE 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 TOTALLING \$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 given			
or			
will be			
given.			
Ed Kemp R.Ph.			RECEIVED AT
11-06-01			NOV 7 2001
			MINNESOTA BOARD OF PHARMACY

STEMP DRUG STORE
 CHATFIELD, MINN. 55923

Year 2001

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Kanabec Hospital

MN BOARD OF PHARMACY LICENSE NUMBER

360958-9 / 204576-2

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

301 South Highway 65 Mora, MN 55051

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OR 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
NOV 8 2001
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

UNITY COMMUNITY PHARMACY

MN BOARD OF PHARMACY LICENSE NUMBER

360171-0

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

550 OSBORNE RD. FRIDLEY, MN. 55432

MINNESOTA STATUTES REQUIRE WHOLESALER 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

VALUE OF PAYMENTS

TYPE OF PAYMENTS

~~NONE~~

N/A

W. B. H. & B. R. P. A. P. I. C.

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NOV 8 2001
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Praxair Distribution Inc

112 S. 15th Ave W, Virginia MN 55792

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

459844-0

MINNESOTA STATUTES REQUIRE WHOLESALE 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	VALUE OF PAYMENTS	TYPE OF PAYMENTS
N/A			

RECEIVED AT
NOV 8 2001
MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Lakewood Snyder Drug Inc

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

17697 Kenwood Trail, Lakewood MN 55044

MN BOARD OF PHARMACY LICENSE NUMBER

360768-8

MINNESOTA STATUTES REQUIRE WHOLESALER 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 TOTALLING \$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.)

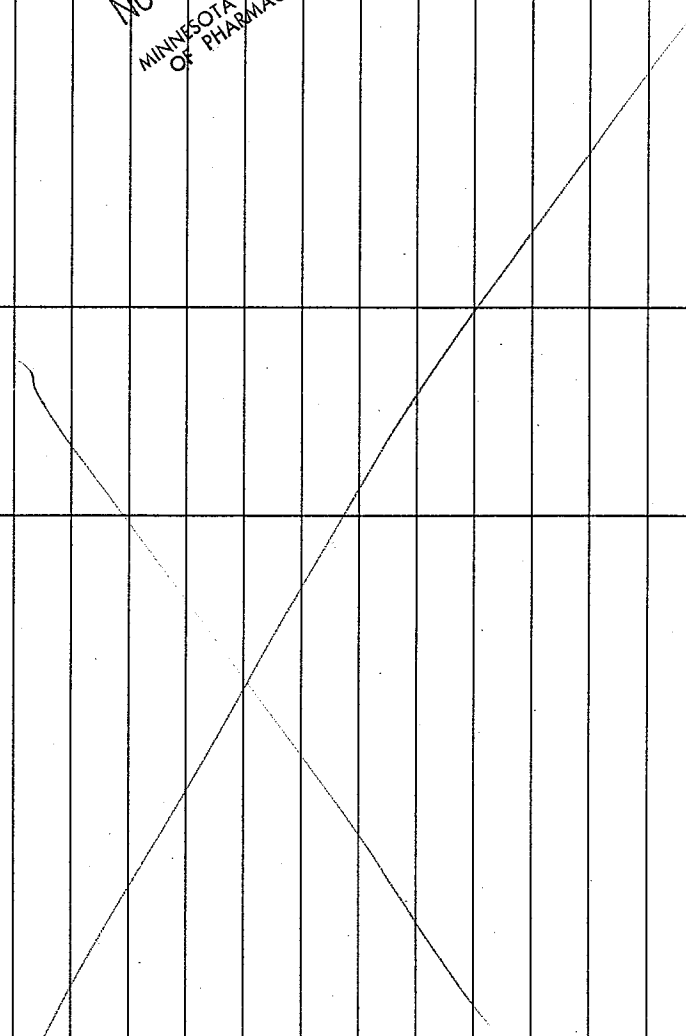
none made

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
NOV 8 2001
MINNESOTA BOARD
OF PHARMACY



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OR 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 TOTALLING \$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

Name

Winter's
MAIN STREET DRUG, INC.
300 MAIN STREET
SAUK CENTRE, MN 56378

RECEIVED AT
NOV 8 2001
MINNESOTA BOARD
OF PHARMACY



UNIMED-MIDWEST, INC.

218 River Ridge Circle • Burnsville, MN 55337 • (800) 347-9023 • (952) 895-5030 • Fax: (952) 895-1934

RECEIVED AT
NOV 8 2001

MINNESOTA BOARD
OF PHARMACY

November 7, 2001

Minnesota Board of Pharmacy
2829 University Avenue Southeast, Suite 530
Minneapolis, MN 554414-3251

RE: Gifts to Practitioners

To Whom It May Concern:

Enclosed please find our form pertaining to payments, honoraria, reimbursement and other compensation paid to licensed practitioners in Minnesota. Unimed-Midwest, Inc. is a medical distributor and only sells only to state and county government facilities, primarily health service departments within correctional facilities. We do not conduct business with individual or group practitioners and have not provided any payments, honoraria, reimbursement or other compensation to licensed practitioners.

Please feel free to contact me at 952-895-5030 if you have any questions.

Sincerely,

Joan Knipe
President
Unimed-Midwest, Inc.

JK:sc

Encl.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

W.P. & R.S. MARS Co.

MN BOARD OF PHARMACY LICENSE NUMBER

360969-9

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

215 East 78th Street Bloomington, Mn. 55420

MINNESOTA STATUTES REQUIRE WHOLESALE 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 TOTALLING \$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.

* Also, we have discontinued/surrendered our privileges.

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NOV 8 2001

MINNESOTA BOARD OF PHARMACY

*

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER		MN BOARD OF PHARMACY LICENSE NUMBER	MINNESOTA STATUTES REQUIRE WHOLESALER 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	VALUE OF PAYMENTS	TYPE OF PAYMENTS	
Welders Supply Co. Inc.	1501 E Hwy 18	None	None	

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