

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

St. Mary's Duluth Clinic Health System

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

4505 West Superior Street

Duluth, mn 55807

MN BOARD OF PHARMACY LICENSE NUMBER

361056-5

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 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
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

KONSYL PHARMACEUTICALS INC.

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

8050 Industrial Park Road Easton, MD. 21601

MN BOARD OF PHARMACY LICENSE NUMBER

459661-7

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 (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

DEC 02 2002

MINNESOTA BOARD
OF PHARMACY

**BAUSCH
& LOMB**

November 27, 2002

RECEIVED AT
DEC 02 2002
MINNESOTA BOARD
OF PHARMACY.

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

Dear: Mr. Holmstrom

I am returning two blank forms. One for Tampa, Florida location and one for Greenville, South Carolina.

There have been no disbursements made in the calendar year of 2002.

Sincerely

Robert Dixon
Regulatory Affairs Administrator

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Safco Dental Supply Co.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2121 5th Avenue Road North Brook, IL 60062

MN BOARD OF PHARMACY LICENSE NUMBER

360857-7

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 TALLING \$1000 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

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ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
NOV 27 2002
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

United Blood Services
MN BOARD OF PHARMACY LICENSE NUMBER

1320 1st Avenue North Fargo, ND 58102

360281-6

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 TOTTALLING \$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

RECEIVED AT

NOV 21 2002

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

American Home Patient

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

404 Sand Lake Rd Dulaska, WI 54650

MN BOARD OF PHARMACY LICENSE NUMBER

360920-4

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

[Handwritten signature]

RECEIVED AT
NOV 21 2002
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

SALT, Inc

321 Vernon Avenue, West, Fergus Falls, MN 56537

MN BOARD OF PHARMACY LICENSE NUMBER

360 625-2

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 TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

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ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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NOV 21 2002

MINNESOTA BOARD OF PHARMACY

Justa

*and
11/18/02
JLH*

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Celltech Pharmaceuticals Inc

450 Lillard Drive Sports Nv 89434

MN BOARD OF PHARMACY LICENSE NUMBER

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 TALLING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

360711-2

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NA/A

RECEIVED AT

NOV 21 2002

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 TOTALING \$1000 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	TYPE OF PAYMENTS
M.N. BOARD OF PHARMACY LICENSE NUMBER	VALUE OF PAYMENTS	
Family Medical Service 459785.2	620 East Main Albert Lea, MN 56007	
		RECEIVED AT
		NOV 21 2002
		MINNESOTA BOARD OF PHARMACY

1
NOV 21 2002

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

American Home Patient

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2351 Crossroads Blvd. Albert Lea, MN 56007

MN BOARD OF PHARMACY LICENSE NUMBER

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NAME OF PRACTITIONER
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[Handwritten Signature]

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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NOV 21 2002
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Saddle River Marketing Concepts

600 Valley Health Plaza Paramus, NJ 07652

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALERS 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 \$1000 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

Nothing to Report

RECEIVED AT
NOV 21 2002
MINNESOTA BOARD
OF PHARMACY



111 Coolidge Street, South Plainfield, New Jersey 07080-3895

Executive Office: (908) 753-2000 • Fax: (908) 753-1587

November 19, 2002

RECEIVED AT

NOV 21 2002


MINNESOTA BOARD
OF PHARMACY

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

Dear Mr. Holmstrom:

Enclosed is our annual report indicating that no payments, honoraria, reimbursement, and other compensation were paid to licensed practitioners in Minnesota during 2002.

Very truly yours,


Stephen C. Greene
Vice President, Administration &
General Counsel

en/SCG

Enclosure

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

BALEGO & ASSOCIATES, INC

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1401 SILVER LAKE ROAD, #1, ST. PAUL, MN. 55112

MN BOARD OF PHARMACY LICENSE NUMBER

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.)

NONE

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

NONE

TYPE OF PAYMENTS

NONE

RECEIVED AT

NOV 21 2002

**MINNESOTA BOARD
OF PHARMACY**

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

SUGGER DRUG #5010
MN BOARD OF PHARMACY LICENSE NUMBER

2083 FORD PARTWAY - ST. PAUL, MN 55116

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 (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.

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ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

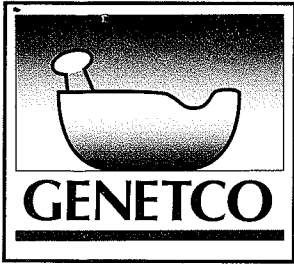
TYPE OF PAYMENTS

NO ACTIVITY.

RECEIVED AT

NOV 21 2002

MINNESOTA BOARD OF PHARMACY



**"Your Full-Line
Generic Distributor"**

RECEIVED AT
DEC 02 2002

MINNESOTA BOARD
OF PHARMACY

November 26, 2002

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DEC 02 2002
MINNESOTA BOARD
OF PHARMACY

Minnesota Board of Pharmacy
Legal Affairs Department
Minnesota Licensed Drug Wholesaler
Minnesota Licensed Drug Manufacturers
2829 University Ave Southeast, Suite 530
Minneapolis, MN 55414-3251

Dear Sirs:

I am in receipt of your Office Memorandum dated November 12, 2002, regarding Gifts to Practitioners, please be advised that Genetco, Inc., 711 Union Parkway, Ronkonkoma, NY 11779 has not sold any product to any Practitioner in the State of Minnesota, and therefore your request to complete the attached form does not apply.

Thank you for your attention to this matter.

Very truly yours,

Carol A. Reinbold
President

CAR/tl
Attachment

711 Union Parkway
Ronkonkoma, New York 11779

631-585-1000

FAX: 631-585-1289

1-800-969-8007

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Northwest Respiratory Services LLC

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

716 Prior Ave NE St. Paul MN 55104

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.

MN BOARD OF PHARMACY LICENSE NUMBER

460038-3

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Nothing to report for 2002

RECEIVED AT

NOV 21 2002

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

AmerisourceBergen Drug Corp.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

24903 Avenue Kearny Valencia, CA 93534

MN BOARD OF PHARMACY LICENSE NUMBER

361165-8

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 TOTALING \$1000 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

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

NONE

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
NOV 22 2002

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Amesbury
MN BOARD OF PHARMACY LICENSE NUMBER

1281 National Dr. Sacramento CA 95834

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.

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ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

N/A

RECEIVED AT
NOV 22 2002

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

A. H. Hermel Candy & Tobacco Co.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

23099 N. Riverfront Dr. Mankato, MN 56001

MN BOARD OF PHARMACY LICENSE NUMBER

305356-2

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 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.)

No Payments Made

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

NOV 21 2002

MINNESOTA BOARD OF PHARMACY

STEPHEN SWANSON  CONTROLLER

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MAJOR PHARMACEUTICALS

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

5110 WEST 74TH ST, INDIANAPOLIS, IN 46268

MN BOARD OF PHARMACY LICENSE NUMBER

360601-6

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 \$1000 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
RECEIVED AT NOV 22 2002 MINNESOTA BOARD OF PHARMACY			
NONE		NONE	N/A

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	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 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
Murphy Warehouse Company	701-24th Avenue S.E., Mpls. MN, 55414					
360674-4						
				N/A strictly A warehouse / transportation company.		

RECEIVED AT
DEC 06 2002
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Weber and Judd Company, Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1141 6th Street NW Rochester, MN 55901

MN BOARD OF PHARMACY LICENSE NUMBER

459911-9

Manufacturer

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 \$1000 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

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VALUE OF PAYMENTS

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No Reportable Activity

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NOV 21 2002

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Weber & Judd Company, Inc Wholesaler

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1141 6th Street NW Rochester, MN 55901

MN BOARD OF PHARMACY LICENSE NUMBER

360225-6

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 TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

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No Reportable Activity			
			RECEIVED AT
			NOV 21 2002
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Apothevax
MN BOARD OF PHARMACY LICENSE NUMBER
360776-9

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

320 Chester St St. Paul, MN 55107

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.)

NONE

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Professional PHARMACY Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

393 N. Dunlap #102, St. Paul, MN 55104

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MN BOARD OF PHARMACY LICENSE NUMBER

300155-6

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 22 2002

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Mendry's Apothecary Shop

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

393 N. Dunlap #110, ST. PAUL, MN 55104

MN BOARD OF PHARMACY LICENSE NUMBER

360179-4

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 \$1000 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 22 2002
MINNESOTA BOARD
OF PHARMACY

✓

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER: **Mondry's Apothecary Shop**
 ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER: **393 N. Duwlap St. #110, St. Paul, MN 55104**
 MN BOARD OF PHARMACY LICENSE NUMBER: **459815-2**

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 \$1000 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 22 2002			
MINNESOTA BOARD OF PHARMACY			

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Cook Incorporated

MN BOARD OF PHARMACY LICENSE NUMBER

3100814-0

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

150 Daniels Way, PO Box 489 Bloomington, ID 47402-0489

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>No Reportable Activity</i>	<i>—</i>	<i>—</i>	<i>—</i>

RECEIVED AT
NOV 22 2002
MINNESOTA BOARD
OF PHARMACY

1/6/03

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	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.	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
Kroger Limited Partnership dba Peyton's Northern	1111 S. Adams St., Bluffton, IN 46714	360881-0				

RECEIVED AT
 JAN 09 2003
 MINNESOTA BOARD
 OF PHARMACY



RECEIVED AT
JAN 17 2003
MINNESOTA BOARD
OF PHARMACY

January 14, 2003

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

Dear Sir or Madam:

Please find attached your request for First Horizon Pharmaceutical to comply with the reporting of any compensation or reimbursement to licensed practitioners in Minnesota. First Horizon Pharmaceutical has zero reportable activity for the 2002 calendar year.

Should you have any questions or require additional information, please do not hesitate to contact me at my number listed below.

Best wishes,

A handwritten signature in cursive script that reads "Kathy Davis".

Kathy Davis
Sample Compliance Coordinator
6195 Shiloh Road
Alpharetta, GA 30005
Direct Dial (678) 341-1451

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

First Horizon Pharmaceutical Corp.

MN BOARD OF PHARMACY LICENSE NUMBER

360880-7

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

6195 Shiloh Road, Alpharetta GA 30005

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	None		
 	 	 	
 	 	 	
 	 	 	
 	 	 	
 	 	 	
 	 	 	
 	 	 	
 	 	 	
 	 	 	

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Clinic Pharmacy

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2074 So 6th St. Breinaid MN 56401

MN BOARD OF PHARMACY LICENSE NUMBER

360703-1

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-2002			
			RECEIVED AT
			JAN 24 2003
			MINNESOTA BOARD OF PHARMACY



Praxair Distribution, Inc.
2455 Rosegate
Roseville, MN 55113
Tel (651) 633-6781 Ext. 339
Fax (651) 633-7088

January 17, 2003

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

RECEIVED AT
JAN 23 2003
MINNESOTA BOARD
OF PHARMACY

To Whom It May Concern:

Praxair Distribution Incorporated, during 2002, paid no payments, honoraria, reimbursement, or other compensation to any licensed practitioners in Minnesota. This includes all licensed locations listed on the enclosed Gifts to Practitioners form.

Best regards,

Dean Forschen
PDI Roseville Plant Manager

RECEIVED
JAN 23 2003

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Praxair Distribution Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

2455 Rosegate, Roseville, MN 55113

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALE 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.

459762-9

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

459844-0

Virginia

459888-0

Mankato

405869-8

Rochester

360070-8

Windom

459712-4

Duluth

304698-0

Duluth

NAME OF WHOLESALE DRUG DISTRIBUTOR/ANUFACTURER
Praxair Healthcare Services, Inc.
 ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/ANUFACTURER
55177 210th Lane Mankato Mn. 56001

MINNESOTA STATUTES REQUIRE WHOLESALERS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OR 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., M.D., etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
<p style="font-size: 2em; opacity: 0.5;">NONE</p>			
<p>RECEIVED AT JAN 23 2003 MINNESOTA BOARD OF PHARMACY</p>			

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
Praxair HealthCare Services, Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1610 3rd Avenue S.E., Rochester, Mn. 55904

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REBURSEMENT, 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.)

600128-1

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS RECEIVED AT

JAN 23 2003

MINNESOTA BOARD OF PHARMACY

NONE

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
PRAXAIR HEALTHCARE SERVICES INC. BOARD OF PHARMACY LICENSE NUMBER 600126-5	4105 WEST SUPERIOR ST. DULUTH, MN. 55807	 NONE 			RECEIVED AT JAN 23 2003 MINNESOTA BOARD OF PHARMACY
 NONE 					
 NONE 					

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

St Elizabeth Medical Center

1200 Grant Blvd W

Wabasha, MN 55781

MN BOARD OF PHARMACY LICENSE NUMBER

360649-8

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

No reportable activity - Kurt & Sonny, PharmD

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Service Dist., Inc

MN BOARD OF PHARMACY LICENSE NUMBER

360903-9

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1000 Berkshire Lane No. Plymouth Mn

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.)

No. Honorarias or payments made to any
Fiscal 2002

ADDRESS OF PRACTITIONER

licensed practitioners
RECEIVED AT
JAN 17 2003

VALUE OF PAYMENTS

Any questions please call
Marlys Menefee, BKR
Mark Geikang Pres
Mark Geikang

TYPE OF PAYMENTS

MINNESOTA BOARD
OF PHARMACY



Align with Experience

RECEIVED AT
JAN 21 2003
MINNESOTA BOARD
OF PHARMACY

January 16, 2003

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

Dear Minnesota Board of Pharmacy,

As requested I am returning to you the form for Gifts to Practitioners. Please note there are no entries, as OSG NORWICH PHARMACEUTICALS, INC. License # 361129-2 did not make any payments, honoraria, reimbursement or any other compensation paid to licensed practitioners in Minnesota totaling \$100 or more in the year 2002.

Sincerely,

A handwritten signature in black ink that reads "Diane S. Jacobsen". The signature is written in a cursive style with a large, sweeping initial "D".

Diane S. Jacobsen
Plant Supervisor