

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ST. MARYS HOSPITAL

1216 2ND ST. SW, ROCHESTER, MN 55902

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.

360481-4

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NO REPORTABLE ACTIVITY

Over a 1 year Pharmacy Supplies Mfg

RECEIVED AT
NOV 25 2002
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

CONTINENTAL SAFETY EQUIPMENT

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

899 APOLLO RD EAGAN, MN

55121

MN BOARD OF PHARMACY LICENSE NUMBER

304642.7

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 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>			
<i>Robert Johnson</i>			
<i>11-18-02</i>			

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CONTINENTAL SAFETY EQUIPMENT INC
899 APOLLO ROAD
EAGAN, MN 55121-2299

Aitkin Medical Supply

7 2nd ST NE

Aitkin, Mn 56431

218-927-3113 800-688-3754

MANUFACTURER

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

360 923-3

MINN. 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
NA			
	Sun Lane		
	General Manager		

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MINNESOTA BOARD
OF PHARMACY

Baxter

November 18, 2002

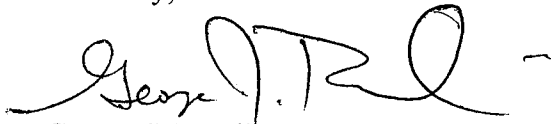
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MINNESOTA BOARD
OF PHARMACY

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

Dear Mr. Holmstrom:

Enclosed you will find a form for Gifts to Practitioners per your State of Minnesota Office Memorandum request.

Sincerely,



George J. Breslin
Quality Manager

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

AmeriSourceBergen Drug Corp

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2702 Directors Row Orlando, FL 32809

MN BOARD OF PHARMACY LICENSE NUMBER

361228-8

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 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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NO ACTIVITY

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OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

McKesson Corp.

MN BOARD OF PHARMACY LICENSE NUMBER

360972-5

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

9700 SW Commerce Cir., Wilsonville, OR 97070

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 Activity

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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