| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Koster Pharmacy, Inc. | 183 N Tyler Street Tyler, MN 56178 |
| 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 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<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
| | | | |
| | No reportable activity | | |
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| | David Paul Koster | | |
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December 18, 2003

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MINNESOTA BOARD OF PHARMACY

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

Dear Mr. Holmstrom:

**Subject: Gifts to Practitioners**

In response to your enclosed memorandum dated November 12, 2003, I wish to inform you that the Eastman Kodak Dental Business has made no payments in the form of honorariums, reimbursements or other compensations to Practitioners during 2003.

Please feel free to call me if you have any questions or concerns.

Regards,

Patricia B. Lanzoni

Patricia B. Lanzoni
License Coordinator, Regulatory Affairs and Quality Systems
Health Imaging Division

PBL:cag
585-724-3865
Enclosure



Kodak
Official Imaging Sponsor of the Olympic Games

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Kmart Distribution Center | 901 Canterbury Rd. Shakopee MN 55379 |

| 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 TOTALLING $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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| 360191-4 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| none | no-one | Ø | none |
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MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| KONSYL PHARMACEUTICALS, INC. | 8050 INDUSTRIAL PARK ROAD<br>EASTON, MARYLAND 21601 |

| 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 PRACTIITIONERS 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. |
|---|---|
| 459661-7 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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not applicable

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MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| KeySource Medical, Inc. | 7820 Palace Drive, Cincinnati, OH 45249 |

| 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 PRACTIITIONERS 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. |
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| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| None | | | |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| J. Knipper + Co., Inc. | 1645 Oak Street, Lakewood, NJ 08701 |

| 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 TOTALLING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 360501-7 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
| | No reportable activity | | |
| | | | RECEIVED AT NOV 26 2003 MINNESOTA BOARD OF PHARMACY |
| | | | RECEIVED AT DEC 1 2003 MINNESOTA BOARD OF PHARMACY |
| | Inab Ghaly<br>Inab Ghaly<br>Sr. Director, Regulatory Affairs | | |

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Lincare Inc. | Please See Attached List. |

| 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 TOTALLING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| Please See Attached List. | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
| | No payments, honoraria, | | |
| | reimbursement, or other | | |
| | compensation paid to licensed | | |
| | practitioners in Minnesota during | | |
| | the 2003 calendar year. | | |
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| | JPedersen | | |
| | Corporate Compliance Officer | | |
| | May 14, 2004 | | |
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| City | Address | License Name | License Number | Exp Date | Pending/ Sent to Agency |
|---|---|---|---|---|---|
| Detroit Lakes | 219 West Front Street, 56501 | MN Drug Wholesaler | 361325-8 | 5/31/05 | |
| Fergus Falls | 1650 College Way, 56537 | MN Drug Wholesaler | 361209-7 | 5/31/05 | |
| Golden Valley | 6104 Olson Memorial Highway, 55422 | FDA | 2135412 | 9/17/04 | |
| | | MN Drug Manufacturing | 460074-9 | 5/31/05 | |
| Little Falls | 211 1st Street SE, 56345 | MN Medical Gas Distributor | | | Submitted 5/10/04 |
| Red Wing | 910 Main Street, Suite 105, 55066 | MN Drug Wholesaler | 361438-3 | 5/31/05 | |
| | | MN Medical Gas Distributor | 600109-0 | 11/30/04 | |
| Saint Cloud | 524 25th Avenue North, 56303 | MN Medical Gas Distributor | | | Submitted 5/10/04 |
| Saint Paul | 288 Chester Street, 55107 | FDA | 3004028588 | 4/29/05 | |
| | | MN Drug Manufacturing | 460125-6 | 5/31/05 | |
| Thief Rivers Falls | 322 Labree Avenue, 56701 | MN Drug Wholesaler | 361210-7 | 5/31/05 | |

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| MeritCare Hospital Pharmacy | 720 N 4th St Fargo, ND |

| 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 TOTALLING $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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| 360973-8 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| LEE International Co. Inc. | 7470 Unity Av. N. Suite 303, Brooklyn Park, MN 55433 |

| 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 TOTALLING $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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| 360805-6 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| None | | | |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Lake Good Vet Inc | 1401 West 62nd Street Edina Prairie, Minn |

| 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 TOTALLING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| | 513306 |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
| | None | | |

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NOV 26 2003
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| LIL DRUG STORE PRODUCTS, INC | 1201 CONTINENTAL PL. NE CEDAR RAPIDS, IA 52402 |

| 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 TOTALLING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 360090-2 | |

| NAME OF PRACTITIONER<br>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

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| MedSource Direct | 2391 S. 1560 W. Woods Cross, Utah 84087 |

| 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 TOTALLING $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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| 361227-5 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| N/A | N/A | N/A | N/A |
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MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Lincare | 124 So. Union Fergus Falls, MN 56537 |

| 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 TOTALLING $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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| 361209-7 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| MD Logistics | 2516 AIRWEST BLVD Plainfield IN 46168 |

| 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 TOTALLING $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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| # 361350-4 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
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| No such gifts allowed as policy. | | | |
| | Sincerely | | |
| | | | |
| | David H. Kubat | | |
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| | Owner | | |
| | MD Logistics | | |
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MINNESOTA BOARD OF PHARMACY

DEPARTMENT : MINNESOTA BOARD OF PHARMACY

**STATE OF MINNESOTA**

# Office Memorandum

DATE : November 12, 2003

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

We do not service or deliver to practitioners, pharmacies only! Thank

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, to:

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

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 2004, covering disbursements made in calendar 2003.

Your cooperation is greatly appreciated.

DEH:pe

Enc.

MCKESSON
Empowering Healthc

McKesson Pharmaceutical
?798 New Butler Rd.
w Castle, Pa 16101

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Mallinckrodt Inc. | Mallinckrodt 8 2nd Street - St. Louis, MO 63147 |

| 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 TOTALLING $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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| 459912-2 | |

| NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
| Gallipot, Inc. | 2020 Silver Bell Rd. St Paul, MN 55122 | 0 | none |
| Hawkins, Inc. | 3100 East Hennepin, Minneapolis, MN 55413 | 0 | none |
| Paddock Labs | 3940 Quebec Ave, Minneapolis, MN 55427 | 0 | none |
| 3M | P.O. Box 33121, St. Paul 55133-3121 | 0 | none |
| Upsher Smith Lab Inc | 14905 23rd Ave North, Minneapolis, MN 55447 | 0 | none |
| University of Minnesota | 2450 Riverside Ave, Minneapolis, MN 55454 | 0 | none |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| McKesson | 3230 Spruce St. Little Canada, MN. 55117 |

| 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 TOTALLING $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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| 2010063-2 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
| | NONE | | |

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NOV 24 2003
MINNESOTA BOARD OF PHARMACY

none to be reported

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| mutual Pharmaceutical Co. Inc. | 1100 orthodox St. Phila, PA. 19124 |

| 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 TOTALLING $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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| 459715-3 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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NOV 24 2003
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Medical Pharmacy Moorhead | 101 11th St. So Moorhead MN 56560 |

| 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 TOTALLING $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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| 360479-1 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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RECEIVED AT
NOV 20 2003
MINNESOTA BOARD OF PHARMACY

NO ACTIVITY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| MEDS-1 Ambulance Service Inc | 1328 NW 5th St. Grand Rapids, MN 55744 |

| 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 TOTALLING $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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| 360181-7 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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NOV 20 2003
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Methodist Hospital Pharmacy | 6500 Excelsior Blvd St Louis Park, MN 55426 |
| MN BOARD OF PHARMACY LICENSE NUMBER<br>361047-1 | 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<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| Ronald Kitzmann | 2835 Becker Rd, Maple Plain, MN 55359 | 0 | |
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NOV 20 2003
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| M+D Distributing | 2367 University Ave St. Paul, Mn 55114 |

| 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 TOTALLING $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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| 360816-4 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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RECEIVED AT
JAN 14 2004
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| MCKESSON | 3230 SPRUCE ST - LITTLE CANADA MN |

| 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 TOTALLING $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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| 300375-8 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| McKesson Corporation<br>DBA: McKesson Drug Company | 3775 Seaport Bulevard<br>West Sacramento, California 95691-3472 |

| 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 PRACTIITIONERS 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. |
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| 361161-6 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| No Reportable Activity | | | |
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RECEIVED AT
JAN 15 2004
MINNESOTA BOARD OF PHARMACY

MID AMERICA MFG. & DIST.
18 W. HWY ST.
PO. BOX 662
DODGE CENTER, MN 55927

12-11-03

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| | 507-374-2542 Wanda Gruder |

| 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 TOTALLING $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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| 360822-1 | |

| NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| | N/A | | |
| | Does not apply to us | | |
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DEC 12 2003
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Mississippi Welders Supply Co Inc | 2705 Hwy 14 W Rochester MN 55901 |

| 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 TOTALLING $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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| 360130-9 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
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| Mississippi Welders Supply Co Inc | 5211 Moundview Dr Red Wing MN 55066 |

| 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 TOTALLING $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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| 360129-9 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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RECEIVED AT
DEC 15 2003
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Mississippi Welders Supply Co | 611 George Street La Crosse WI 54601 |

| 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 TOTALLING $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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| 360128-6 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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DEC 15 2003
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Mississippi Welders Supply Co Inc | PO Box 1036 Winona MN 55987 |

| 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 TOTALLING $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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| 459792-0 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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DEC 15 2003
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Midwest Medical Services | 8400 Coral Sea Street NE Blaine, MN 55449 |

| 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 TOTALLING $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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| 460019-2 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| No gifts to Practitioners given for the year 2003. | | | |
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RECEIVED AT
DEC 24 2003
MINNESOTA BOARD
OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Mckesson Drug | 1900 S. 4490 W. Salt lake City UT 841044720 |

| 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 TOTALLING $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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| 360943-7 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
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| 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 TOTALLING $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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| 361111-1 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| No gifts to Practitioner's given for the year 2003. | | | |
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RECEIVED AT
NOV 17 2003
MINNESOTA BOARD OF PHARMACY

Midwest I.V.
& HOME CARE
8400 Coral Sea St. N.E., Suite 100
Blaine, MN 55449

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Med-Turn, Inc. | 17406 Tiller Court, Suite 1800 Westfield, IN 46074 |

| 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 TOTALLING $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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| 361392-8 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
| No payments, honoraria, reimbursements or compensation paid to be reported. | | | |

RECEIVED AT
DEC 15 2003
MINNESOTA BOARD OF PHARMACY

Medtronic

RECEIVED AT
DEC 09 2003
MINNESOTA BOARD OF PHARMACY

December 4, 2003

Attn: David E. Holmstrom, Executive Director
MINNESOTA BOARD OF PHARMACY
2829 University Avenue SE., #530
Minneapolis, MN 55414-3251

Dear Mr. Holmstrom;

This letter is in response to your memo dated November 12, 2003 requesting the annual report of Gifts to Practitioners as a requirement of a Licensed Drug Wholesaler in Minnesota.

Medtronic USA Inc., is a medical device manufacturer. Medtronic Drug Delivery distributes a prescription drug in a refill kit for our implantable pumps as an incidental part of our device business. As per our phone discussion back in June 1997 on this issue, we hereby request an exemption from this reporting requirement as per Section 151.461 of the Minnesota Statutes.

If you have any questions, please feel free to contact me at 763-505-0874.

Sincerely,
Medtronic Neurological

Winifred Wu, Senior Director
Regulatory Affairs

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| MEMORIAL BLOOD CENTERS | 2304 PARK AVE, MINNEAPOLIS, MINN 55404 |

| 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 PRACTIITIONERS 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. |
|---|---|
| ? 360390-9 (Drug Wholesaler License #) exp. 5-31-04 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
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| MeretK Diagnostics | 2655 Crescent Drive, Suite C, Lafayette, CO 80026 |

| 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 TOTALLING $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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| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| | | None expected in 2003. | |
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| | | Documented By | |
| | | Denise E Spellman | |
| | | Director of Quality Systems & | |
| | | Regulatory Affairs | |
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N/A

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| MORTON GROVE PHARMACEUTICALS, INC. | 6451 W. MAIN STREET, MORTON GROVE, IL 60053 |

| 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 TOTALLING $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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| 459907-0 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
| MORTON GROVE PHARMACEUTICALS, INC. DOES NOT SELL TO PRACTITIONERS OF ANY KIND. | | | |
| MORTON GROVE PHARMACEUTICALS, INC. ONLY SELLS TO OTHER WHOLESALERS. | | | |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
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| MEDTOX Laboratories, Inc | 402 West County Rd D |

| 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 TOTALLING $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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| 361133-1 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| no Reportable activity | | | |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
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| Melrose Pharmacy Inc. | 611 W. Main Street. |

| 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 TOTALLING $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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| 360321-3 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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No Activity

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NOV 17 2003
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Merwin Valley Drug | 7924 Olson Memorial Hwy, Golden Valley, MN 55427 |

| 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 TOTALLING $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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| 360801-4 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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NOV 19 2003
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| McKesson | Little Canada, MN |

| 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 TOTALLING $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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| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| Cannon Falls Snyder License 2608604 | Cannon Falls, MN | ∅ | |
| Lakeville Snyder Drug License # ? | Lakeville, MN | ∅ | |
| Northfield Village Drug License # 2615037 | Northfield, MN | ∅ | — |

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NOV 20 2003
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Med-Pro, Inc. | 210 E. 4th Street Lexington, NE 68850 |

| 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 TOTALLING $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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| 460105-2 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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NOV 19 2003
MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

McMahon Snyder Drug

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

130 W Main St New Prague MN 56071

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 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<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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www.medsstat.com MEDS-STAT
5100 North Federal Hwy • Suite 204 • Fort Lauderdale, FL 33308 • tel: 1 954 491 0244 • fax: 1 954 491 0192

November 19, 2003

State of Minnesota
Minnesota Board of Pharmacy
2829 University Ave, S.E.
#530
Minneapolis, MN 55414-3251

ATTN: Legal Affair Dept.
David E. Holmstrom,
Executive Director

Dear Mr. Holmstrom:

In response to your Office Memorandum dated November 12, 2003, we at MEDS-STAT currently call on buyers in hospitals around the country, therefore we offer no gifts or compensation to any licensed practitioner.

I wanted to answer by letter rather than just sending your form back in blank (which I have enclosed) with this letter to clarify the situation.

Any further questions, please do not hesitate to contact me.

Yours truly,

JOANN RAICHE
Corporate Secretary
ASAP MEDS, INC.,
D/b/a MEDS-STAT