

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

EON PHARMA, LLC

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

4700 Eon Drive Wilson NC 27893

MN BOARD OF PHARMACY LICENSE NUMBER

460117-5

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 \$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

None

VALUE OF PAYMENTS

None

TYPE OF PAYMENTS

None

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Excel Inc.

MN BOARD OF PHARMACY LICENSE NUMBER

361254-7

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

400 First St. Suite 200 Middleboro, MA 01907

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>			
			RECEIVED AT
			NOV 24 2003
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Elim Preferred Services, Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

2820 Vicksburg Lane

Plymouth, MN 55447

MN BOARD OF PHARMACY LICENSE NUMBER

360153-2

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.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
NONE			
			RECEIVED AT JAN 16 2004 MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ELEKTRO ASSEMBLIES INC

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

522 NW 6th Avenue Rochester MN 55901

MN BOARD OF PHARMACY LICENSE NUMBER

360 5389

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

TYPE OF PAYMENTS

VALUE OF PAYMENTS

No payments

RECEIVED AT

DEC 12 2003

MINNESOTA BOARD OF PHARMACY

tyco
Healthcare

Mallinckrodt

Mallinckrodt Inc.
172 Railroad Avenue
P.O. Box P
Hobart, NY 13788-0416

Tele: 607 538-9124
Fax: 607 538-1054

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

November 19, 2003

RECEIVED AT
NOV 24 2003
MINNESOTA BOARD
OF PHARMACY

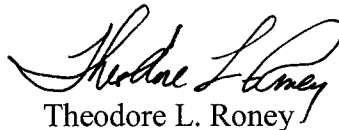
RE: License Number 460002-4 (Manufacturer)

Dear Sir or Madam:

Enclosed is the completed form with regard to "Gifts to Practitioners" received by Mallinckrodt, Inc., 172 Railroad Avenue, PO Box P, Hobart, NY 13788-0416. As indicated, during the calendar year 2003, no payments, honoraria, reimbursement or other compensation was paid to any practitioner.

If you have any questions or require further information, please contact me.

Sincerely,



Theodore L. Roney
Regulatory Affairs Associate II

Enclosure

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

THE WATSON Co. INC.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1555. 320TH AVE NE . CAMBRIDGE, MN. 55008

MN BOARD OF PHARMACY LICENSE NUMBER

361329-0

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
	No Activity		

RECEIVED AT
NOV 18 2003
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Tyler Wholesale Inc.

329 Ash Street PO Bx 250 Tyler MN 56178

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REMUNERATION 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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NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

360841-2

No payments made

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

The Apothecary Shop

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER #110

393 N. DuSable ST. 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 \$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

None

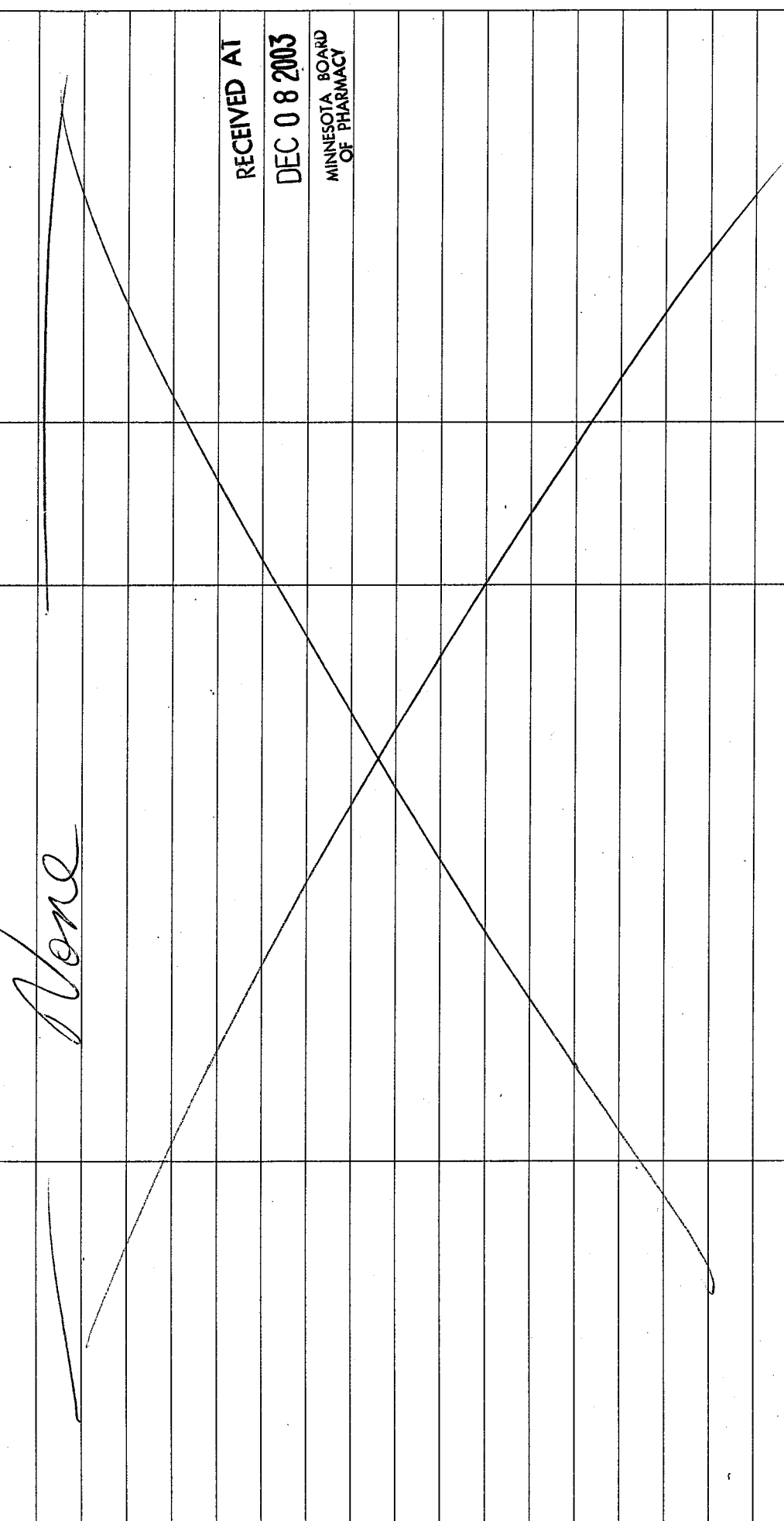
VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 0 8 2003

MINNESOTA BOARD OF PHARMACY



NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

THE MEDICINE SOURCE

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

301 1ST ST SE LITTLE FALLS

MN BOARD OF PHARMACY LICENSE NUMBER

361015-4

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 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		
	Debra J. Winters, R. PH.		

RECEIVED AT
NOV 18 2003
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Triple i

295 North Street Teterboro, New Jersey 07608

MN BOARD OF PHARMACY LICENSE NUMBER

360781-1

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 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 A1

DEC 26 2003

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Toll Company

3005 Virginia Lane

PLUMVILLE MINN. 55447

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REMUNERATION 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 TOTALLING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

MIN BOARD OF PHARMACY LICENSE NUMBER

359897-5

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Table with 4 columns: Name of Practitioner, Address of Practitioner, Value of Payments, Type of Payments. The table is mostly blank with some handwritten marks.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

TheraCom, Inc.

6931 Arlington Rd. Suite 501 Bethesda, MD 20814

MN BOARD OF PHARMACY LICENSE NUMBER

360688-3

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 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 Reportable Activity

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 18 2003

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Trusty White Drug # 7357 615 S. Mill St, Fergus Falls, MN 56537

MN BOARD OF PHARMACY LICENSE NUMBER

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

360494-0

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

[Handwritten signature]
None

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Tri-om Health Services, Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

13170 TELFAIR AVE. SYLMAR, CA 91342

MN BOARD OF PHARMACY LICENSE NUMBER

55414-3251

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
NONE	NONE	NONE	NONE

NOTE: We are distributor of pharmaceutical medical supplies and equipment to hospitals.

[Signature]
CFO

RECEIVED AT
JAN 20 2004
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

361001-5
US's Reporting Balance July 22, 2016 St. Mary's Luck 510671

MN BOARD OF PHARMACY LICENSE NUMBER

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 \$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

NO

reportable activity

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Vaccines America Inc. / Kansas City Dist. Ctr

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1250 Southern Rd Kansas City MO 64120

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.

MIN BOARD OF PHARMACY LICENSE NUMBER
361351-7

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
NO Gifts			
NO Reportable Activity			
			RECEIVED AT
			NOV 26 2003
			MINNESOTA BOARD OF PHARMACY
			RECEIVED AT
			DEC 1 2003
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/ MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/ MANUFACTURER	Retailer
Viking Industrial Center MIN BOARD OF PHARMACY LICENSE NUMBER	710 Raymond Ave., St. Paul, MN 55114	Retailer
301258-7		
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	TYPE OF PAYMENTS
NO ACTIVITY		

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 154.461, CL. 4 AND 5, PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THIS 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.

International Headquarters
3300 Hyland Avenue Costa Mesa, CA 92626
714.545.0100 FAX 714.556.0131
www.valeant.com

December 08, 2003

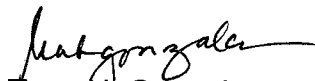
Minnesota Board of Pharmacy
2829 University Avenue Southeast, Suite 530
Minneapolis, MN 55414-3251

Dear Sir/ Madam:

Please be informed that as of November 12, 2003, the name of our company was changed from ICN Pharmaceuticals, Inc. to Valeant Pharmaceuticals International. Documentation to this change is attached. Please note that there was no change in the ownership of the company.

If you have any questions, I can be reached at 800-548-5100 ext. 4025

Sincerely,



Tess N. Gonzales
Regulatory Affairs Specialist

Enclosures

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Vaccess America, Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

72 Glenmarka NATIONAL Blvd., Mossic, PA, 18507

MN BOARD OF PHARMACY LICENSE NUMBER

55414-3251

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.)

No Gifts

NO REPORTABLE ACTIVITY

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
NOV 24 2003
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Vaccines America Inc. 18 Sparks Distribution Pl. 1335 Gros St. Sparks, Nevada A

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.

MIN BOARD OF PHARMACY LICENSE NUMBER

361359-1

NAME OF PRACTITIONER

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

NO Gifts

NO Reportable Activity

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
NOV 24 2003
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Valley Drug Company
36/109-8

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

378 W Broadway St Youngstown, OH 44503

MN BOARD OF PHARMACY LICENSE NUMBER

36/109-8

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 TOLLING \$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

NONE

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Table with 3 columns: NAME OF PRACTITIONER, ADDRESS OF PRACTITIONER, VALUE OF PAYMENTS, TYPE OF PAYMENTS. The first row contains handwritten text: NAME OF PRACTITIONER (empty), ADDRESS OF PRACTITIONER (NONE), VALUE OF PAYMENTS (empty), TYPE OF PAYMENTS (empty). The rest of the table is empty.

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Vaccero American Inc / Seranban Dist Ctx 50 State for Industrial Park Taylor PA 18517

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 # 361338-4

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

NO G. ftb

NO Reportable Activity

RECEIVED AT

DEC 01 2003

MINNESOTA BOARD OF PHARMACY

TYPE OF PAYMENTS

VALUE OF PAYMENTS

ADDRESS OF PRACTITIONER

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

VASCULAR SOLUTIONS, INC.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

6464 SYCAMORE CT, MPLS, MN 55369

MN BOARD OF PHARMACY LICENSE NUMBER

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NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
NONE	N/A	N/A	N/A
		Form completed By:	
		BRAD ANDERSON	
		B. Anderson	12/5/03
			RECEIVED AT
			DEC 09 2003
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

NCS HealthCare of KY dba Vanguard Labs, Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

835 North L. Rogers Wells Blvd., Glasgow, KY 42141

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 01 2003

MINNESOTA BOARD
OF PHARMACY

No payments, honoraria, reimbursements or any other payments have been made to any Minnesota physician.
Kathy H. Jones, Pharm. D, Executive Director



11/26/03

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Wolff Drug

MN BOARD OF PHARMACY LICENSE NUMBER

360590-7

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

207 N Main St, Prevz, MN 56364

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
JAN 22 2004
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
Wolff's Mashed Drug
 MN BOARD OF PHARMACY LICENSE NUMBER
361252-1

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
101 First St SE, Little Falls, mn 56345

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 (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
		None	

RECEIVED AT
 JAN 22 2004
 MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Walco International

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

1401 E. Rice St. Sioux Falls, SD. 57103

MN BOARD OF PHARMACY LICENSE NUMBER

360957-6

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 TOTAALLING \$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
FEB 23 2004
MINNESOTA BOARD
OF PHARMACY

RECEIVED AT
DEC 01 2003
MINNESOTA BOARD
OF PHARMACY

WEBER & JUDD COMPANY

1814 15th Street NW
Rochester, Minnesota 55901-0214
(507) 289-1666

November 25, 2003

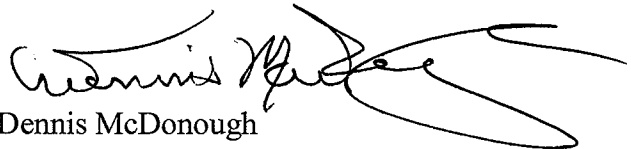
David Holmstrom, ED
Minnesota Board of Pharmacy
2829 University Avenue SE
#530
Minneapolis, MN 55414-3251

Dear Mr. Holmstrom:

In reply to your letter dated November 12, 2003 regarding "Gifts to Practitioners" we wish to report that there is no activity for any of the stores listed on the enclosed document.

If you have any questions, please do not hesitate to contact me.

Sincerely,



C. Dennis McDonough
President

Enclosure

Weber & Judd Company, Inc.
 Remittance: PO Box 5877
 Rochester, MN 55903-5877

Weber & Judd Company, Inc.
 1814 15th Street NW
 Rochester, MN 55901-0214
 Telephone: 507-289-1666
 Fax: 507-536-4429

Email: admin@weberjudd.com

Pharm Chain Code: 649

<p>Weber & Judd Company – Barlow Plaza 1315 Sixth Street NW Rochester, MN 55901-1824 NCPDP: 24-15467 License: 260126-1 DEA: AW1638418 Medicaid: 4917588 00 Medicare: 0160250001 Telephone: 507-289-6368 Fax: 507-289-5348 Tax ID: 41-0602810 Hours: 8:00 to 20:00 (M-F) 9:00 to 17:00 (Sat) 9:00 to 13:00 (Sun)</p>	<p>Weber & Judd - Marriott Plaza 101 First Avenue SW Rochester, MN 55902-3146 NCPDP: 24-14124 License: 260543-2 DEA: BW1783554 Medicaid: 2590603 00 / Medicare: N/A Telephone: 507-289-0716 Fax: 507-289-0588 Tax ID: 41-0602810 Hours: 8:00 to 18:00 (M-F)</p>	<p>Weber & Judd – Clinic Pharmacy 210 Ninth Street SE Rochester, MN 55904-4642 NCPDP: 24-24377 License: 262013-2 DEA: BW7283853 Medicaid: 1301438 00 / Medicare: N/A Telephone: 507-288-2483 Fax: 507-287-1845 Tax ID: 41-0602810 Hours: 8:00 to 17:00 (M-F)</p>	<p>Weber and Judd Nursing Rx 1814 15th Street NW Rochester, MN 55901-0214 NCPDP: 24-24810 License: 261295-9 DEA: BW4898675 Medicaid: 4917588 00 Telephone: 507-285-9079 Fax: 507-289-2190 Tax ID: 41-0602810 Hours: 8:00 to 20:00 (M-F) 24/7 – for call ins</p>
<p>Kasson Drug 408 West Main Street Kasson, MN 55944-1142 NCPDP: 24-17500 License: 260356-0 DEA: BK0619330 Medicaid: 5258588 00 / Medicare: N/A Telephone: 507-634-3341 Fax: 507-634-4067 Tax ID: 41-1562568 Hours: 8:30 to 18:00 (M-F) 8:30 to 12:00 (Sat)</p>	<p>Pine Island Pharmacy 111 County Road 11 Pine Island, MN 55963-9756 NCPDP: 24-19679 License: 260813-8 DEA: BP2706159 Medicaid: 3073602 00 / Medicare: N/A Telephone: 507-356-8343 Fax: 507-356-4334 Tax ID: 41-1562568 Hours: 8:00 to 17:00 (M-F)</p>	<p>Brownell Drug 401 West 4th Street St. Charles, MN 55972-1198 NCPDP: 24-20343 License: 260915-3 DEA: BM3153664 Medicaid: 5987601 00 / Medicare: N/A Telephone: 507-932-3160 Fax: 507-932-5911 Tax ID: 41-1562568 Hours: 8:30 to 17:30 (M-F) 8:30 to 12:00 (Sat)</p>	
<p>Valley Pharmacy 1004 Industrial Drive North Spring Valley, MN 55975-9300 NCPDP: 24-19530 License: 260755-3 DEA: BS2574499 Medicaid: 5067600 00 / Medicare: N/A Telephone: 507-346-7273 Fax: 507-346-9809 Tax ID: 41-1562568 Hours: 8:30 to 17:30 (M-F) 8:30 to 12:00 (Sat)</p>	<p>Haugan's Pharmacy 136 Main Street PO Box 340 Preston, MN 55965-1202 NCPDP: 24-17702 License: 260389-0 DEA: BH8144711 Medicaid: 4500261 00 / Medicare: N/A Telephone: 507-765-2156 Fax: 507-765-2115 Tax ID: 41-1562568 Hours: 8:00 to 17:30 (M-F) 8:00 to 14:00 (Sat)</p>	<p>Chosen Valley Pharmacy 237 Main Street North Chatfield, MN 55923-1391 NCPDP: 24-23755 License: 261740-4 DEA: BC6577817 Medicaid: 9596224 00 / Medicare: N/A Telephone: 507-867-4425 Fax: 507-867-4451 Tax ID: 41-1562568 Hours: 8:30 to 17:30 (M-F)</p>	

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Waseca Medical Center - Mayo Health System

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

501 N State St Waseca, MN 56093

MN BOARD OF PHARMACY LICENSE NUMBER

300047-6

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 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 PAYMENT RECEIVED AT

APR 26 2004

MINNESOTA BOARD OF PHARMACY

*

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Witts Pharmacy

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

PO Box 370 Rushford, MN 55971

MN BOARD OF PHARMACY LICENSE NUMBER

261318-1

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 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
<p style="font-size: 48px; margin: 0;">STOP</p> <p style="font-size: 24px; margin: 0;">RECEIVED AT FEB 09 2004 MINNESOTA BOARD OF PHARMACY</p>			

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
Witts Pharmacy - Houston

MIN BOARD OF PHARMACY LICENSE NUMBER
261934-7

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
PO Box 477 Houston, MN 55943

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 (J) TO (S), 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
<i>None</i>			

DATE : November 12, 2003

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

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 files were filed in early 2004, covering disbursements made in calendar years 1994 through 2003, the files are being reviewed. be

Your cooperation is greatly appreciated.

DEH:pe

Enc.

No Activity from Wal-Mart Stores. Jason

Jason Reiser, RPh
Director, Pharmacy-Professional
Services and Government Relations

WAL★MART
PHARMACY DEPARTMENT

Phone: 479-204-9188
FAX: 479-277-9679
E-Mail: Jason.Reiser@wal-mart.com

Corporate Office
702 Southwest 8th Street
Bentonville, AR 72716-0230

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

St. Gabriel's Hospital Pharmacy

815 2nd St. S.E. Little Falls, MN 56345

MN BOARD OF PHARMACY LICENSE NUMBER

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

359944-0

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
<i>none</i>	<i>---</i>	<i>---</i>	<i>none</i>
			RECEIVED AT
			NOV 20 2003
			MINNESOTA BOARD OF PHARMACY

Alfonso Pgh
11-18-03