

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Sanofi Pasteur Inc.

Sparks Distribution Center

750 Vista Boulevard, Suite 400, Sparks, NV 89434

MIN BOARD OF PHARMACY LICENSE NUMBER

361341-0

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
N/A	N/A	N/A	N/A
			RECEIVED AT
			JAN 24 2006
			MINNESOTA BOARD OF PHARMACY

B|BRAUNKimi L. Irvine
Compliance SpecialistB. Braun Medical Inc.
824 Twelfth Avenue
Bethlehem, PA 18018Direct: (610) 997-4587
Fax: (610) 997-5510
E-Mail: kimi.irvine@BBRAUN.com

Via Facsimile (612) 617-2212 and
Federal Express (612) 617-2201

January 20, 2006

Minnesota Board of Pharmacy
2829 University Avenue Southeast, Suite 530
Minneapolis, MN 55414-3251Re: Gifts to Practitioners

Dear Mr. Vandenberg,

I appreciate you taking the time to discuss with me today the reporting requirement for the Minnesota Gift Form. I am confirming our conversation that it is not necessary for a manufacturer to submit the Gift Form if there are no reportable items. To the best of our knowledge, there are no items to report for the January 1, 2005 to December 31, 2005 reporting period. Therefore, B. Braun Medical Inc. will not be submitting the Gift Form for this period.

Please do not hesitate to contact me if you require anything further. Thank you for all the courtesies and assistance that your office has provided me.

Sincerely,



Kimi Irvine

cc: David Holstrom, Executive Director, Minnesota Board of Pharmacy
Cathy Codrea, VP Corporate Compliance, Chief Compliance Officer, Assistant General Counsel

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Sustem Chemists, Inc

85 West Forest Av.

Englewood, NJ 07661

MN BOARD OF PHARMACY LICENSE NUMBER

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360335-2

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

JAN 17 2006

MINNESOTA BOARD OF PHARMACY

N/A

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

APL Logistics WMS, Inc.

MIN BOARD OF PHARMACY LICENSE NUMBER

360520-8

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

2925 Shawnee Trd. Way, Ste. 100, Shawnee, GA 30084

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

RECEIVED AT

JAN 17 2006

MINNESOTA BOARD OF PHARMACY

M/A

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER
 ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER
 MN BOARD OF PHARMACY LICENSE NUMBER
 360883-6
 Bristol-Myers Squibb Medical Imaging 331 Treble Cove Rd North Billerica MA 01862

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 (5) TO (8), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
N/A	NO payments or reimbursements of any kind have been during		
fiscal year 2005			
			RECEIVED AT
			FEB 0 1 2006
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MALLINCKRODT INC.
MN BOARD OF PHARMACY LICENSE NUMBER

361536-6

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

2703 WAGNER PLACE, MARYLAND HEIGHTS MO 63043

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 (9), 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

RECEIVED AT

JAN 30 2006

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	MN BOARD OF PHARMACY LICENSE NUMBER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
Midland Pharmaceutical <i>Leathergoods</i>	1201 Douglas Avenue, Kansas City 66103	361674-7	No Activity			
<p>RECEIVED AT</p> <p>JAN 30 2008</p> <p>MINNESOTA BOARD OF PHARMACY</p>						

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 (9) 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.



Daiichi Pharmaceutical Corporation
11 Philips Parkway
Montvale, NJ 07645-1810

Corporate Administration Division
Tel: 201-573-7000
Fax: 201-573-0122

December 29, 2005

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

Dear Sirs:

Attached please find the Minnesota statutory reporting requirement form identifying all payments, honoraria, reimbursement or other compensation to practitioners for FY 2005.

If there are any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nicholas S. Marcellos', written over the word 'Sincerely,'.

Nicholas S. Marcellos
Senior Vice President

NSM:am
Att.





February 1, 2006

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

RE: Ligand Pharmaceuticals Incorporated
Corporate Headquarters
10275 Science Center Drive
San Diego, CA 92121
Gifts to Practitioners

RECEIVED AT
FEB 06 2006
MINNESOTA BOARD
OF PHARMACY

Dear Sir or Madam:

We have enclosed the annual report form that was sent to Ligand by the Board of Pharmacy to identify all payments, honoraria, reimbursement, or other compensation paid to licensed practitioners in Minnesota totaling \$100 or more. We have not made any types of payments to practitioners in Minnesota so we have not completed the form, but we are returning the form as requested.

Please contact me directly at 858-550-7704 or via email at msaam@ligand.com should you have any questions regarding the returned form.

Sincerely,

A handwritten signature in cursive script that reads "Melissa Saam".

Melissa Saam
Government Affairs Compliance Manager

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Hospira, Inc.

3900 Howard Lane, Austin, TX 78728

MINNESOTA BOARD OF PHARMACY LICENSE NUMBER

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459937-1

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

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

MTA for our location

No gifts etc.



Praxair, Inc.
P.O. Box 44
Tonawanda, NY 14151-0044



The Chemical Company

Helping Make
Products Better™

January 16, 2006

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

Re: BASF Corporation – Gifts To Practitioners

To Whom It May Concern:

Dear Mr. Cody Wiberg:

Please be advised that BASF Corporation, NEDC, 175 Raritan Center Parkway, Edison, New Jersey does not provide licensed practitioners in the State of Minnesota with payments, honoraria, or reimbursement of any kind.

If you have any questions, please feel free to contact me at 973-895-8172.

Sincerely,

A handwritten signature in cursive script that reads "Teresa Ipsale".

Teresa Ipsale
Product Regulatory

Enc.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

BASF CORPORATION

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

175 Kalitan Center Parkway Edison NJ 08837

MN BOARD OF PHARMACY LICENSE NUMBER

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NONE			
			RECEIVED AT
			JAN 20 2006
			MINNESOTA BOARD OF PHARMACY

Colgate
Oral Pharmaceuticals

January 9, 2006

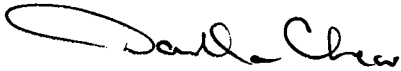
Minnesota Board of Pharmacy
2829 University Ave. SE
Suite 530
Minneapolis, MN 55414-3251

Dear Sir/Madam:

Enclosed are the reports for Colgate Oral Pharmaceuticals' Dallas, TX manufacturing and Carrollton, TX facilities identifying compensation made to practitioners during the year 2005.

You may contact me at (972) 720-6008 should you have any questions.

Regards,



Darla Chew
Compliance Manager

cc: file