| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| ICN Pharmaceuticals, Inc. | 3300 Hyland Avenue Costa Mesa, Ca 92626 |

MN BOARD OF PHARMACY LICENSE NUMBER

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

| NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| No activity in 1999 | | | |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
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| Puritan-Bennett Medical Gas | 2600 31st Ave. So. Mpls MN 55406 |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 459954-6 | |

| 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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RECEIVED AT
MAR 13 2000
MINNESOTA BOARD OF PHARMACY

1101 Perimeter Drive, Suite 300; Schaumburg, Illinois 60173-5837

**FACSIMILE**

Date: March13, 2000

To: Minnesota Board of Pharmacy

Fr: Jack C. Silhavy
Vice President & General Counsel
Phone: 847/330-1373
Fax: 847/413-2670
E-mail: jack_silhavy@appdrugs.com

Cc:

No. of Pages: 2 (including cover)

---

Message:

Attached is the form indicating that we made no payments to Minnesota practitioners during 1999.

Jack C. Silhavy

This facsimile is for the sole use of the individual(s) to whom it is addressed, and may contain information that is privileged and confidential. Any other disclosure, duplication, distribution, or use of this transmission is strictly prohibited. If you have received this in error, or have not received all pages, please notify the sender immediately by calling 847/330-1373.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER: American Pharmaceutical Partners, Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER: 1101 Perimeter Dr. Schaumburg, IL 60173

MN BOARD OF PHARMACY LICENSE NUMBER:

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

| NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
| N/A | N/A | N/A | N/A |

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| QUEST PHARMACEUTICALS, INC. | 300 EAST CHESTNUT STREET, P.O. BOX 270 MURRAY, KY 42071 |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 360651-1 | |

| 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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Airgas. North Central, Inc.

Operations Department
10 W. 4th Street
Waterloo, IA 50701
319-287-3157
FAX: 319-287-3158

RECEIVED AT
MAR 15 2000
MINNESOTA BOARD
OF PHARMACY

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

March 10, 2000

To Whom It May Concern,

This correspondence is in reference to a request to report any and all payments, honoraria, reimbursement, and other compensation paid to licensed practitioners in Minnesota for the calendar year 1999.

Please accept this letter from our company, that all facilities operating in the state of Minnesota, under the name of Airgas North-Central, had made no payments of any nature to licensed practitioners.

The six (6) locations that operate in the state of Minnesota are identified with the following state assigned pharmacy license numbers.

| | |
|---|---|
| Ramsey | 360334-9 |
| Winona | 360025-8 |
| Duluth | 459886-4 |
| Albert Lea | 459892-9 |
| Faribault | 360844-1 |
| Hibbing | 459983-4 |

If you have any further requests related to this notification, please forward them directly to my attention at the above address, or by phone at (319) 287-3157.

Respectfully Submitted,

Jeffrey L. Bowers
Director, Safety and Compliance

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| AIRGAS NORTH-CENTRAL INC. | SEE ATTACHED |

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

| 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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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| John Marcus Dental Supply Co. | 2219 Edgewood Ave. So. Minneapolis, MN 55426 |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 301268-4 | |

| 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 | | |
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| | for John Marcus Dental Supply Co | | |
| | by Donald E Tolnof | | |
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Colgate
Oral Pharmaceuticals

5 January 2000

Minnesota Board of Pharmacy
2829 University Ave. SE, #530
St. Paul, MN 55414-3251

Dear Sir or Madam:

Enclosed are the reports for Colgate Oral Pharmaceuticals' Dallas, TX facilities identifying compensation made to practitioners during the year 1999.

You may contact me at (972) 720-6047 should you have any questions.

Regards,

Jeffry D. Vaughn
Regulatory Affairs Specialist

cc: Ms. Eugénie Acosta

*a subsidiary of Colgate-Palmolive Co.*
14335 Gillis Road, Dallas, TX 75244 (972) 720-6000 Fax (972) 720-6162

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| Colgate Oral Pharmaceuticals, Inc. | 4259 McEwen Road Dallas, TX 75244 |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
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| 359949-5 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| No payments were made to any practitioner during 1999. | | | |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| Colgate Oral Pharmaceuticals, Inc. | 14335 Gillis Road Dallas, TX 75244-3718 |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
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| 459807-1 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
| No payments were made to any practitioner during 1999. | | | |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
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| St. Luke's Hospital | 915 E 1st St Duluth MN |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
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| 360699-3 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| none | | | |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
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| McKesson HBOC Medical Group Inc. | 935 Aldrin Drive Eagan, MN. 55121 |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
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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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| | NO REPORTABLE ACTIVITY | | |
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WATSON
Laboratories, Inc.
A Subsidiary of Watson Pharmaceuticals, Inc.

December 8, 1999

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

To Whom It May Concern:

Enclosed please find the form to list Gifts to Practitioners. As you can see we do not participate in contributing to Practitioners.

If you have any questions or comments, please feel free to contact me at 305-624-1500, extension 131.

Sincerely,

WATSON LABORATORIES, INC.

Carol Jones
Regulatory Affairs Associate

/caj

Enclosures:

5350 North West 165th Street, Miami, FL 33014 • Tel: 305-624-1500 • Fax: 305-621-8416

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

November 17, 1999

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

Dear Sir or Madam:

Medisca Inc. has not made any type of payments as listed in your attached letter to any licensed practitioners in Minnesota during the preceding calendar year.

If you have any questions, please contact me at 5128 / 563-4636.

Sincerely,

Brenda DeMarte

Brenda Lee De Marte
NYS Supervisor-in-Charge

661 ROUTE 3, UNIT C, PLATTSBURGH, NEW YORK, 12901

CALL TOLL FREE: 1-800-932-1039 - IN PLATTSBURGH CALL: 561-0109 - FAX: 1-518-561-0078

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Medisca Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER

661 Route 3 Unit C Plattsburgh NY 12901

MN BOARD OF PHARMACY LICENSE NUMBER

360731-6

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

| NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| MAYO PHARMACY | 200 First Street S.W., Rochester, MN 55905 |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 359975-4 | |

| NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
| | | | |
| | No Reportable Activity | | |
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| | James K. Marttila | | |
| | Pharmaceutical Manager | | |
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Ther-Rx CORPORATION

*Innovative Pharmaceuticals Offering Therapeutic Excellence*

November 17, 1999

Minnesota Board of Pharmacy
2829 University Avenue, SE, #430
Minneapolis, MN 55414-3251

**Re: Gifts to Practitioners – Annual Report**

Dear Sir/Madam:

Please be advised that we had no reportable activity for this year. Please make this a part of your records. If any additional information is needed, please advise.

Sincerely,

Florida M. Cargill

Florida M. Cargill, RAC
Senior Regulatory Affairs Associate

/fmc

13622 Lakefront Drive, Earth City, Missouri 63045 Phone (314) 209-1517 Fax (314) 770-0371

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| BASF Corporation | 8800 Line Avenue, Shreveport, LA 71106 |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
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| 459673-0 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| No reportable activity | | | |
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METRO PARK WAREHOUSES, INC.

BONDED WAREHOUSING
CONTRACT WAREHOUSING
DISCOUNTED TRANSPORTATION SERVICES
POOL DISTRIBUTION
LOCAL DELIVERY

P. O. BOX 2346
KANSAS CITY, KANSAS 66110
TELEPHONE: (816) 231-0777
FAX: (816) 231-7797

November 18, 1999

Mr. David E. Holmstrom
STATE OF MINNESOTA
BOARD OF PHARMACY
2829 University Avenue Southeast #530
Minneapolis, Minnesota 55414-3251

Dear Mr. Holmstrom:

As requested in your Memorandum dated November 2, 1999, we have completed and enclosed the form regarding "gifts to practitioners".

Please let us know if you need additional information.

Sincerely,

Patti Bowen
Administrative Assistant

PB-M

Enclosure

NOV 16 1999

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| Metro Park Warehouses, Inc. | 6901 Stilwell, Kansas City, Missouri 64120 |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 360941-1 | |

| NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
| No reportable activity | | | |
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Scandipharm, Inc.
22 Inverness Center Pkwy.
Birmingham, AL 35242
(205) 991-8085
(205) 991-9547 Fax

Scandipharm®

November 15, 1999

Mr. David E. Holmstrom
Minnesota Board of Pharmacy
2829 University Ave., SE #530
Minneapolis, MN 55414

RE: Gifts to Practitioners

Dear Mr. Holmstrom:

Pursuant to your Memo dated November 2, 1999, Scandipharm, Inc. will have no information to report on payments, honoraria, reimbursement and other compensation paid to licensed practitioners in Minnesota during the preceding calendar year.

If you have any further questions, please feel free to contact my office.

Sincerely,

John Cipriano
Director of Regulatory Affairs and Compliance

JC/jma

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| SNYDER DRUG #4 | 10606 FRANCE AVE So BLOOMINGTON, MN. |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 261 789-9 | |

| 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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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| MEDLINE INDUSTRIES INC | ONE MEDLINE PLACE MUNDELEIN IL 60060 |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
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| 360908-4 | |

| 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 | | | |
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**Muro**
*an ASTA Medica company*

January 14, 2000

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

To Whom It May Concern:

Please be aware that for calendar year ending December 31, 1999 there were no payments made to any practitioner in the state of Minnesota by Muro Pharmaceutical. If you have any questions you may call me at (978) 851-5981, Extension 259.

Sincerely,

Joseph W. Quinn
Compliance

JWQ/ln

*Muro Pharmaceutical, Inc*
*890 East Street • Tewksbury, Massachusetts • 01876-1496*
*Tel 978.851.5981 • Fax 978.851.7346*

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| Fox Labs Manufacturing, Inc. | 227-15 N. Conduit Ave, Laurelton, NY 11413 |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 400020 | |

| NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
| | N.A. | | |

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

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 360479-1 | |

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

# ENZON, Inc.

January 13, 2000

Minnesota Board of Pharmacy
2829 University Avenue, S. E.
Suite 530
Minnesota, MN 55414-3251

RE: License # 360402-1

Dear Sir or Madam:

Enclosed is ENZON's compensation annual report. There was no compensation paid to practitioners in Minnesota during 1999.

If you have any questions or require any additional information, please do not hesitate to contact me at (732) 980-4588.

Sincerely,

Melvanice Evans

Melvanice Evans
Regulatory Affairs Documentation Specialist

20 Kingsbridge Road Piscataway, NJ 08854-3998 (908) 980-4500 FAX: (908) 980-5911

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| ENZON, Inc. | 300 C Corporate Court, South Plainfield, NJ 07080 |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 360402-1 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
| There is no compensation to | report for 1999. | | |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| Gensia Sicor Pharmaceuticals, Inc | 19 Hughes Irvine, CA 92618-1902 |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 459900-9 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| N/A | | | |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| WEST AGRO, INC. | 501 SANTA FE KANSAS CITY MO 64105 |

MN BOARD OF PHARMACY LICENSE NUMBER

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

| NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
| NONE | We have no reportable activity | | |

MINNESOTA BOARD OF PHARMACY
2829 University Ave. SE, #530
Minneapolis, MN 55414-3251

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| Healthcast Pharmacies - Midway | 1690 University Ave St Paul MN 55104 |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
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| 359900-0 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| None | | | |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| Blooming Prairie Natural Foods | 510 Kasota Av SE Minneapolis MN 55414 |

MN BOARD OF PHARMACY LICENSE NUMBER

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

| NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
| | No Reportable activity. | | |
| | 1/3/00 | | |

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| St. Cloud Hospital Pharmacy Dept. | 1406 Sixth Ave N., St. Cloud, MN 56303 |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 360563-5 2004402 | |

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

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER: D&K HEALTHCARE RESOURCES, INC.

ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER: 800 NORTH THIRD STREET MINNEAPOLIS, MN 55401

MN BOARD OF PHARMACY LICENSE NUMBER: 360551-2

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

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| NONE | | $0 | |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| Somody Supply Inc | 2701 4th Ave SW Box 1338 Willmar, MN 56201 |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 300783-5 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| Paracelsus Healthcare Corp of N Dakota | 1720 South University Drive Fargo ND 58104 |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 360712-5 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
| No payments made during calendar year 1999 | | | |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| HEARTLAND HEALTHCARE SERVICES | 4755 SOUTH AVENUE, TOLEDO OHIO 43615 |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 460027-3 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| NONE IN 1999 | | | |
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MALLINCKRODT

RECEIVED AT
JAN 07 2000
MINNESOTA BOARD
OF PHARMACY

**Mallinckrodt Inc.**
58 PEARL STREET
P.O. BOX P
HOBART, N.Y. 13788-0416
Phone: 607-538-9124
Fax: 607-538-1054

January 4, 2000

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

RE: License Number 360783-7 (Distributor)
License Number 460002-4 (Manufacturer)

Dear Sir or Madam:

Enclosed are the completed forms with regard to "Gifts To Practitioners" received by Mallinckrodt Inc., 58 Pearl Street, Hobart, New York 13788-0416. As indicated, during the calendar year 1999 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,

Pauline J. Zimmermann

Pauline J. Zimmermann
Senior Regulatory Affairs Coordinator

Enclosures

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| Mallinckrodt Inc. | 58 Pearl Street, Hobart, NY 13788-0416 |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 360783-7 (Distributor) | |

| 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 was paid to any practitioner during the calendar year 1999 | | | |
| by Mallinckrodt Inc., 58 Pearl Street, Hobart, New York 13788-0416. | | | |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| Mallinckrodt Inc. | 58 Pearl Street, Hobart, NY 13788-0416 |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 460002-4 (Manufacturer) | |

| NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
| No paymnets, honoraria, reimbursement or other compensation was paid to any practitioner during the calendar year 1999 | | | |
| by Mallinckrodt Inc., 58 Pearl Street, Hobart, New York 13788-0416. | | | |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| HealtheAst Pharmacies - St Paul | 17 W Exchange St #100 St Paul MN 55102 |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 359859-3 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
| None | | | |
| Cheryl Mooks, RPL | 1/3/2000 | | |

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| Fairview Edina Pharmacy | 6363 France Ave S, #214 Edina, MN 55435 |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 36D102-4 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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RPh
P.I.C.

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER |
|---|---|
| Derby Institutional Supply Co | 865 Merrick Avenue, Westbury, N.Y. 11590 |

| MN BOARD OF PHARMACY LICENSE NUMBER | MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING $100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. |
|---|---|
| 360504-6 | |

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