

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	MINNESOTA STATUTES REQUIRE WHOLESALER 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 (9) TO (6), 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 BOARD OF PHARMACY LICENSE NUMBER	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	VALUE OF PAYMENTS	TYPE OF PAYMENTS
HARDRO DRUGS Inc	100 Barks Ave, Roc Kulle Center, N.Y. 11570	360411-5		
		No Activity		

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
ARNESON SNYDER DRUG
DAVID R ARNESON

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
1234 E HWY 7 MONTEVIDEO MN 56265

MN BOARD OF PHARMACY LICENSE NUMBER
360057-5

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 (6), 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			

David R Arneson Rph
11088

1-11-00

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Westwind Medical Distributors, Inc.
MN BOARD OF PHARMACY LICENSE NUMBER

360406-3

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

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2517 13th St. So., St. Cloud, MN 56301

ADDRESS OF PRACTITIONER

None

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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

W. J. E. Tilly, C.E.O.
1-10-00

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Douglas County Hospital Pharmacy

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

111 17th Avenue East Alexandria, MN 56308

MIN BOARD OF PHARMACY LICENSE NUMBER

360228-5

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 (9) 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

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	MINNESOTA STATUTES REQUIRE WHOLESALER 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.	
MIN BOARD OF PHARMACY LICENSE NUMBER	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
American Drug Stores, Inc. 161A Osco Drive # 919	822 30th Ave., S., Moorhead, MN 56560		NONE
200493-6			
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)			

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER
DARBY DRUG CO, INC

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER
100 BANKS AVENUE, ROCKVILLE CTR, N.Y. 11570

MIN BOARD OF PHARMACY LICENSE NUMBER
360517-2

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG 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 (6), 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			

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Merial Limited / Bimeda Inc

288 County Road #28, Le Sueur MN 56058

MN BOARD OF PHARMACY LICENSE NUMBER

460045-1

NAME OF PRACTITIONER

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

NO GETS OVER \$

ADDRESS OF PRACTITIONER

100 GIVEN TO ANY PHARMACISTS IN

VALUE OF PAYMENTS

TYPE OF PAYMENTS

1999. R/12/2000

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 (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 WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Walco International, Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

520 S. Main Street, Grapevine, TX 76051

MN BOARD OF PHARMACY LICENSE NUMBER

360192-7

MINNESOTA STATUTES REQUIRE WHOLESALER 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
Negative Report			

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

UNIVERSAL LABORATORIES INC.
MN BOARD OF PHARMACY LICENSE NUMBER

460012-1

NAME OF PRACTITIONER

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

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

200 W. BEAVER ST./P.O. BOX 89, BELLE PLAINE, MN 56011

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

VALUE OF PAYMENTS

ADDRESS OF PRACTITIONER

TYPE OF PAYMENTS

NO REPORTABLE ACTIVITY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Quali Tech, Inc.

318 Lake Argentine Dr. Chaska, MN 55318

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALER 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 (6), 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.

459804-2

NAME OF PRACTITIONER

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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

None

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

WENDT PROFESSIONAL LABORATORIES INC.

MIN BOARD OF PHARMACY LICENSE NUMBER

459745-4

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

100 NANCY DRIVE/P.O. BOX 128, BELLE PLAINE, MN 56011

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.)

VALUE OF PAYMENTS

TYPE OF PAYMENTS

ADDRESS OF PRACTITIONER

NO REPORTABLE ACTIVITY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

WENDT PROFESSIONAL LABORATORIES INC.

23449 CHATFIELD DRIVE/P.O. BOX 128, BELLE PLAINE, MN 56011

MN BOARD OF PHARMACY LICENSE NUMBER

459818-1

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

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

WENDT LABORATORIES INC.

MN BOARD OF PHARMACY LICENSE NUMBER

400231-8

NAME OF PRACTITIONER

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

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

200 W. BEAVER ST./P.O. BOX 128, BELLE PLAINE, MN 56011

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.

VALUE OF PAYMENTS

ADDRESS OF PRACTITIONER

TYPE OF PAYMENTS

NO REPORTABLE ACTIVITY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Newland Clinic Pharmacy

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1520 Whitely Court St. Cloud MN 56303

MN BOARD OF PHARMACY LICENSE NUMBER

360V74-6

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 (9) 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.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No

Reportable Activity for 1999

[Signature]
J. R. Ph. P.C.

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 (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 WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER
Electronic Commerce & Customer Service -
a Division of Federal-Express Corporation

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER
3861 Knight Road
Memphis, TN 38118

MIN BOARD OF PHARMACY LICENSE NUMBER
360396-7

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

MADE IN 1999

NO PAYMENTS / DISBURSEMENTS

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

HMS DIRECT

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

4750 CREEK ROAD CINCINNATI OH. 45242

MN BOARD OF PHARMACY LICENSE NUMBER

360623-6

NAME OF PRACTITIONER

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

No Payments

MINNESOTA STATUTES REQUIRE WHOLESALER 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 (9) 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.

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NONE

RECEIVED AT
JAN 03 2000
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Konsyl Pharmaceuticals, Inc.
MIN BOARD OF PHARMACY LICENSE NUMBER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

4200 S. Hudson Forest Waukegan, TX 76109

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, FOR REMERIMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 10.401, CHAPTER 10, 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 CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER

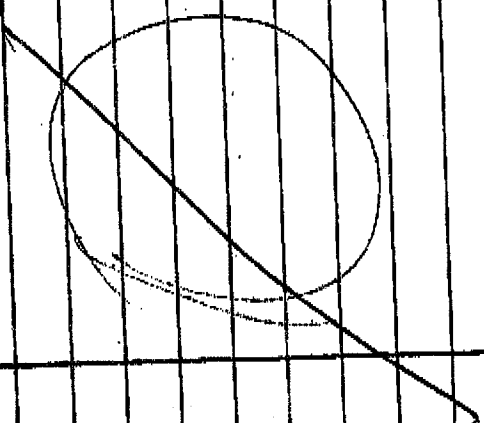
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF

PAYMENTS

TYPE OF PAYMENTS



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

BOIRON-BORNEMAN, INC.
MN BOARD OF PHARMACY LICENSE NUMBER
459977-9

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

6 CAMPUS BOULEVARD, NEWTOWN SQUARE, PA 19073

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 (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.

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

ADDRESS OF PRACTITIONER

VALUE OF
PAYMENTS

TYPE OF PAYMENTS

NONE

CHIRON

Chiron Corporation
4560 Horton Street
Emeryville, California 94608-2916
510.655.8730

RECEIVED AT

JAN 18 2000

MINNESOTA BOARD
OF PHARMACY

January 17, 2000

David E. Holmstrom
Executive Director
Minnesota Board of Pharmacy
2829 University Ave., SE, #539
Minneapolis, MN 55414-3251


Re: Gifts to Practitioners

Dear Mr. Holmstrom:

As per the requirement to report all payments, honoraria, reimbursement, and other compensation paid to licensed practitioners, please find the enclosed report. This correspondence is being made as per your request in the Office Memorandum dated November 2, 1999, wherein the 1993 Minnesota legislation requiring to do such is stated. There have been no payments, honoraria, reimbursement, and other compensation paid to licensed practitioners on behalf of Chiron.

This letter will address Chiron Corporation's Emeryville, CA wholesale distribution facility. This facility holds a valid wholesale distributor license in your state. If there is any additional information that you need, please don't hesitate to contact me directly at (510) 923-2679.

Regards,
CHIRON CORPORATION

for 
Mary O'Hara
Director, Regulatory Affairs

NAME OF WHOLESALE DRUG DISTRIBUTOR/INDUSTRY

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/INDUSTRY

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT DESCRIBING ALL PAYMENTS, REVENUES, DISCOUNTS, AND OTHER FINANCIAL INFORMATION AUTHORIZED UNDER SECTION 61.46, CHAPTER 61 TO BE MADE TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL SHOW THE NATURE AND VALUE OF ANY PAYMENTS TOTALING ONE OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL BE IN THE FORM AND MANNER PRESCRIBED BY THE BOARD. THIS REPORT SHALL BE FILED WITH THE BOARD AND SHALL BE A PUBLIC RECORD.

NAME OF PRACTITIONER <small>(Please include designation (e.g., MD, etc.))</small>	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
No payments were made in 1999			
Priscilla Ayers	Priscilla Ayers signature		
Priscilla Ayers			
Maurice Walia	Maurice Walia signature		

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

River View Healthcare
MN BOARD OF PHARMACY LICENSE NUMBER

ASSN

323 S. Minnesota St; Crookston MN 55116

359945-3

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

None given

David Tubrey MD P/E 1-17-2000

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER
Cook Hospital

Cook MW 50722

MINNESOTA STATUTES REQUIRE WHOLESAL DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OR OTHER COMPENSATION AUTHORIZED UNDER SECTION 144.44, 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.

MIN BOARD OF PHARMACY LICENSE NUMBER
360373-4

NAME OF PRACTITIONER
Please include designations (i.e., MD, etc.)
-None-

TYPE OF PAYMENTS

VALUE OF PAYMENTS

ADDRESS OF PRACTITIONER

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER
 PSA Health Care

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER
 711 5th St. SW, New Brighton, MN, 55112

MN BOARD OF PHARMACY LICENSE NUMBER
 460001-1

MINNESOTA STATUTES REQUIRE WHOLESALER 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 (9) 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.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
we make no payment or gifts to any practitioners			
	Thomas J. Gully, RRT Breaston Breaston		

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Butler Sales Associates Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

PO Box 8098

ST ROSEPT MO 64508

MN BOARD OF PHARMACY LICENSE NUMBER

359906-8

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

~~Monet~~
1/21/00

