

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Duluth Clinic West - Pharmacy

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

4325 Grand Ave

MINNESOTA BOARD OF PHARMACY LICENSE NUMBER

261243-8

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

RECEIVED AT

NOV 15 2000

MINNESOTA BOARD OF PHARMACY



Medtronic

Medtronic, Inc.
4000 Lexington Ave. N.
Shoreview, MN 55126.2983 USA
www.medtronic.com

tel 763.514.4000

November 13, 2000

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

RECEIVED AT

NOV 16 2000

**MINNESOTA BOARD
OF PHARMACY**

Dear Mr. Holmstrom:

This is in response to your memo dated November 3, 2000 requesting the annual report of Gifts to Practitioners as a requirement of a Licensed Drug Wholesaler in Minnesota. Medtronic USA, Inc., is a medical device manufacturer. The Drug Delivery Business distributes a prescription drug in a refill kit for our implantable pumps as an incidental part of our device business. As per our phone discussion on this issue back in June 1997, we hereby request an exemption from this reporting requirement as per Section 151.461 of the Minnesota Statutes.

Please feel free to contact me if you have any questions. Thank you.

Sincerely,

Winifred C. Wu, RPh
Director, Regulatory Affairs
Medtronic Drug Delivery
Phone: 763-514-9612
Fax: 763-514-9618

WW/kab

When Life Depends on Medical Technology

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

D/S Foster & Smith, Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

2253 Air Park Road
Rhinelander WI 54501

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.

MIN BOARD OF PHARMACY LICENSE NUMBER
360131-2

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

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MINNESOTA BOARD
OF PHARMACY

304

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Ther-Rx Corporation

3180 Corporate Exchange, Bridgton, MO 63044

MIN BOARD OF PHARMACY LICENSE NUMBER

3008891-4

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 151.464, 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
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N/A

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NOV 17 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Priority Healthcare Dist.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

2801 Dow Ave. Twin. CA. 92780

MN BOARD OF PHARMACY LICENSE NUMBER

360876-8

NAME OF PRACTITIONER

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

[Handwritten signature]

ADDRESS OF PRACTITIONER

[Handwritten signature]

VALUE OF PAYMENTS

[Handwritten signature]

TYPE OF PAYMENTS

[Handwritten signature]

RECEIVED AT

NOV 17 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

MWI Veterinary Supply

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2201 N. 20th

MINNESOTA BOARD OF PHARMACY LICENSE NUMBER

360694-8

Nanda ID 83687

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.

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none

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NOV 17 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1291 S. Vintage Ave., Ontario, CA 91761

360809-8

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

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We Do Not Do This.

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MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Sultan Dental Products

MIN BOARD OF PHARMACY LICENSE NUMBER

360339-4

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

NO REPORTABLE ACTIVITY

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

242 South Dean St
242 South Dean St
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 (1) 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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ADDRESS OF PRACTITIONER

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NOV 17 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

IBA Inc.
360398-3

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

PO BOX 31, Millbury, MA 01527

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 151.464, 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 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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ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No reportable activity

RECEIVED AT

NOV 17 2000

MINNESOTA BOARD OF PHARMACY

1530N

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

CARGMARK INC., RESUBSTITUTION SERVICE, 940 WOODLANDS ARKWAY, VERNON HILLS, IL 60061

MINN BOARD OF PHARMACY LICENSE NUMBER 300977-0

NAME OF PRACTITIONER

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

[Signature]

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 (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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JAN 20 10 11 AM
MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MAYO INVENTORY CENTER
MIN BOARD OF PHARMACY LICENSE NUMBER

360652-4

NAME OF PRACTITIONER

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

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

3131 VALLEY HGH ROAD N.W. ROCHESTER MN 55901

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 151.46, 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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VALUE OF PAYMENTS

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NO ACTIVITY

RECEIVED AT

NOV 14 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

McKesson Drug Company

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

710-1325th SW, Everett, WA 98204

MN BOARD OF PHARMACY LICENSE NUMBER

260975-4

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NAME OF PRACTITIONER
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NO payments made

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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NOV 14 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

I.V.E.S.C.O

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

125 KINGSWOOD RD. MANKATO MN 56002

MN BOARD OF PHARMACY LICENSE NUMBER

300160-8

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OF OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.464, 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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VALUE OF PAYMENTS

TYPE OF PAYMENTS

No Reportable

ACTIVITY

RECEIVED AT

NOV 14 2000

MINNESOTA BOARD OF PHARMACY

11/13/2000

No reportable activity.

NAME OF WHOLESALER/DRUG DISTRIBUTOR/MANUFACTURER

Alcon Pharmaceuticals Inc

2000150474

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

ADDRESS OF WHOLESALER/DRUG DISTRIBUTOR/MANUFACTURER

1175 Trade Mark Dr Ste 101 Reno NV 89511

ADDRESS OF PRACTITIONER

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MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER/DISTRIBUTOR/MANUFACTURER

Ainges North Central
MINNESOTA BOARD OF PHARMACY LICENSE NUMBER

459892-2

NAME OF PRACTITIONER

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

None

ADDRESS OF WHOLESALER/DISTRIBUTOR/MANUFACTURER

2417 Myers Rd Albert Lea MN 56007
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.

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THE MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Bymeda Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

288 County Road 28 LeSueur MN 56058

MN BOARD OF PHARMACY LICENSE NUMBER

400045-1

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 (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.

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NONE

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

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MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

APOTHEVAX
MN BOARD OF PHARMACY LICENSE NUMBER

360776-9

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

None

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

320 CHESTER ST.

ST. PAUL, MN 55107

ADDRESS OF PRACTITIONER

None

VALUE OF PAYMENTS

None

TYPE OF PAYMENTS

None

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.

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MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Merwin Valley Drug
MN BOARD OF PHARMACY LICENSE NUMBER

261383-5

NAME OF PRACTITIONER

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

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

7924 Olson Mem. Hwy Golden Valley, MN 55427

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NONE

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NOV 14 2000

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

FAIRVIEW EDINA PHARMACY

MIN BOARD OF PHARMACY LICENSE NUMBER

360102-4

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

6363 FRANCE AVE S EDINA MN 55435

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 (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.

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NOV 15 2000

MINNESOTA BOARD OF PHARMACY

2000

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

CHAPIN, MEDICAL COMPANY

MIN BOARD OF PHARMACY LICENSE NUMBER

360303-5

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

P.O. BOX 699 / 423 JENKS CIRCLE, CORONA, CA

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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NONE

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JAN 16 2001

MINNESOTA BOARD OF PHARMACY