

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Midwestern Health Services

MN BOARD OF PHARMACY LICENSE NUMBER

459883-5

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

724 Oxford St Waukegan, Mn 56187

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.

NAME OF PRACTITIONER

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

We have not paid

ADDRESS OF PRACTITIONER

out any gifts, payments, honoraria

VALUE OF

PAYMENTS

TYPE OF PAYMENTS

to anyone

RECEIVED AT

NOV 20 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Northland Pharmacy

MIN BOARD OF PHARMACY LICENSE NUMBER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1000 E 1st St Wabuth, MN 55805

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.)

None

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

NOV 20 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Block Drug Company
MN BOARD OF PHARMACY LICENSE NUMBER

360845-4

NAME OF PRACTITIONER

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

NONE

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

257 CORNBUSH AVE

JERSEY CITY

NJ 07302-3158

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.

TYPE OF PAYMENTS

VALUE OF PAYMENTS

ADDRESS OF PRACTITIONER

RECEIVED AT

NOV 20 2000

MINNESOTA BOARD OF PHARMACY

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Abbott Laboratories
 MN BOARD OF PHARMACY LICENSE NUMBER 459937-1

3900 Howard Lane Austin, TX 78728

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 <small>Please include designation (i.e., MD, etc.)</small>	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
None	N/A	N/A	N/A

RECEIVED
 NOV 20 2000
 MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER/DISTRIBUTOR/MANUFACTURER

Cook Incorporated

MN BOARD OF PHARMACY LICENSE NUMBER

300814-0

NAME OF PRACTITIONER

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

No reportable activity

ADDRESS OF WHOLESALER/DISTRIBUTOR/MANUFACTURER

Po Box 489

Bloomington MN 55402

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.

ADDRESS OF PRACTITIONER

NAME OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

NOV 20 2000

MINNESOTA BOARD OF PHARMACY

11/16/00

Sirs/Ms.--According to our records, Gilead Sciences has no reportable activity of any compensation paid to any licensed practitioners in Minnesota for 1999-2000

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Thank you, Denny Allen-Gilead Sciences

MIN 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 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

GILEAD
SCIENTIFICS

RECEIVED AT
NOV 20 2000
MINNESOTA BOARD
OF PHARMACY

DATE : November 3, 2000

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

RECEIVED AT
NOV 20 2000
MINNESOTA BOARD
OF PHARMACY

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 specific date is found in the statutes, reports are to be filed in early 2001, covering disbursements made in calendar 2000.

Your cooperation is greatly appreciated.

DEH:pe

Enc.

no reportable activity
Southern Anesthesia &
Surgical
SC

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Takeda Pharmaceuticals America Sales Co.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

475 Half Day Road, Suite 500
Lincolnshire IL 60069

MIN BOARD OF PHARMACY LICENSE NUMBER

361055-2

NAME OF PRACTITIONER

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

See Attached - Non Applicable

ADDRESS OF PRACTITIONER

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.

RECEIVED AT

NOV 20 2000

MINNESOTA BOARD OF PHARMACY

**TAKEDA PHARMACEUTICALS AMERICA SALES CO. – DRUG WHOLESALE LICENSE NO. 361055-2
MINNESOTA BOARD OF PHARMACY
GIFTS TO PRACTITIONERS**

TAKEDA PHARMACEUTICALS AMERICA SALES CO. ("TPAS") IS A NEWLY FORMED, WHOLLY-OWNED SUBSIDIARY OF TAKEDA PHARMACEUTICALS AMERICA, INC. ("PARENT COMPANY"). TPAS WILL BEGIN OPERATIONS ON JANUARY 1, 2001. AS SUCH, TPAS DID NOT HAVE ANY PAYMENTS, HONORARIA, REIMBURSEMENT, OR ANY OTHER COMPENSATION PAID TO LICENSED PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

HealthPoint, LTD

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

2600 Airport Freeway Ft. Worth, TX 76111

MIN BOARD OF PHARMACY LICENSE NUMBER

360870-0

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.)

N/A for MD

ADDRESS OF PRACTITIONER

817-900-4674

VALUE OF PAYMENTS

11/17/00

TYPE OF PAYMENTS

NOV 20 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ALLINA HOME OXYGE + MEDICAL

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

125 SOUTH MAIN ST. HUTCHINSON MN 55330

MN BOARD OF PHARMACY LICENSE NUMBER

361000-2

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

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

NONE

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
NOV 20 2000

MINNESOTA BOARD
OF PHARMACY

NONE

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

NATIONAL SPECIALTY SERVICES, INC

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

556 Metroplex Drive, Nashville, TN 37211

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 (j) TO (s), 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.

360195-6

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NO REPORTABLE ACTIVITY

RECEIVED AT

NOV 20 2000

MINNESOTA BOARD OF PHARMACY

95337

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
PARK NICOLET PHARMACY
1400 FAIRVIEW DRIVE, BONDVILLE, MN

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.

MIN BOARD OF PHARMACY LICENSE NUMBER
PHARMACY LICENSE 260679-0
WHOLESALER LICENSE 360187-5

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

no reportable activity

RECEIVED AT

NOV 20 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ICN DUTCH HOLDINGS, B.V.
MIN BOARD OF PHARMACY LICENSE NUMBER

BO: MARIANA RD 909, KM 1.1./HC-01 BOX 16625/HUMACAO PR 00791

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 FILLED UNDER THIS PROVISION ARE PUBLIC DATA.

360842-5

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

NOV 20 2000

MINNESOTA BOARD OF PHARMACY

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

15 Ingram Blvd #100 LaVerne, TN 37086

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

CORD LOGISTICS INC

MIN BOARD OF PHARMACY LICENSE NUMBER

360720-6

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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.

RECEIVED AT

NOV 20 2000

MINNESOTA BOARD OF PHARMACY

TN 37086

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

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

pathogenesis Corporation
MR BOARD OF PHARMACY LICENSE NUMBER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

96 Cord Logistics - 15 Ingram Blvd, Ste 100, Lavergne
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.

No Reportable Activity

RECEIVED AT
NOV 20 2000
MINNESOTA BOARD OF PHARMACY

Mallinckrodt Inc. 58 Pearl Street
PO Box P
Hobart, NY 13788-0416

Phone: 607-538-9124
Fax: 607-538-1054

November 9, 2000

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

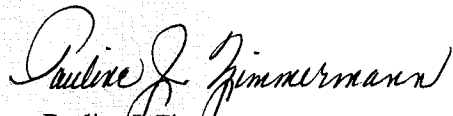
RE: License Number 460002-4 (Manufacturer)

Dear Sir or Madam:

Enclosed is the completed form with regard to "Gifts To Practitioners" received by Mallinckrodt Inc., 58 Pearl Street, Hobart, New York 13788-0416. As indicated, during the calendar year 2000, 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
Senior Regulatory Affairs Coordinator

Enclosure

NAME OF PRACTITIONER

CENTRAL MEDICAL INCORPORATED
International Technology Corp

360819-5

NAME OF PRACTITIONER

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

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/PHARMACEUTICAL

3836 Minnehaha Ave So., Mpls, MN 55406

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 144.44, CLAIMS OF TO OR, PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL INDICATE 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.

TYPE OF PAYMENTS

VALUE OF PAYMENTS

ADDRESS OF PRACTITIONER

NO PAYMENTS OR GIFTS
OR HONORARIA OR
REIMBURSEMENT OR
OTHER COMPENSATION
PAID TO ANY LICENSED
PRACTITIONERS FOR
CALENDAR YEAR 2000.

Post-It® Fax Note	7671	Date	11/19/00	# of pages	1
To	DAVID HOLMSTROM	From	SAM CUENOW		
Company	LEGAL AFFAIRS	Co	Central Medical Inc		
Phone #	612 617 2201	Phone #	612-724-0474		
Fax #	612 617 2212	Fax #	612-724-7849		

TO: DAVE HOLMSTROM, Minnesota BOP

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

AIR PRODUCTS & CHEMICALS INC.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

373 Canterbury Rd. S., Shakopee, MN 55379

MINNESOTA BOARD OF PHARMACY LICENSE NUMBER

404046-4

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING LICENSUREMENTS, HOW MANY MEMBERSHIP MONTHS FOR COMPENSATION AND HOW MUCH UNDER SECTION 111.41, CLAIMS 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., M.D., etc.)

None

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NOV 20 2000

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

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.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
MD	Practitioner	to	Practitioner
MD	Practitioner	to	Practitioner
MD	Practitioner	to	Practitioner
MD	Practitioner	to	Practitioner
MD	Practitioner	to	Practitioner
MD	Practitioner	to	Practitioner
MD	Practitioner	to	Practitioner
MD	Practitioner	to	Practitioner
MD	Practitioner	to	Practitioner
MD	Practitioner	to	Practitioner
MD	Practitioner	to	Practitioner
MD	Practitioner	to	Practitioner
MD	Practitioner	to	Practitioner
MD	Practitioner	to	Practitioner
MD	Practitioner	to	Practitioner
MD	Practitioner	to	Practitioner



222 East County Road 173

P.O. Box 219

Melrose, MN 56352

▶ 320/256-3303

RECEIVED

JAN 29 2001

MINNESOTA BOARD
OF PHARMACY

January 22, 2001

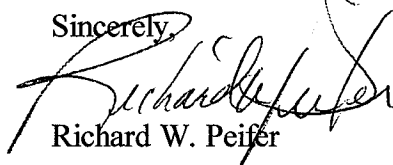
Minnesota Board of Pharmacy
2829 University Ave. SE, #530
Minneapolis, MN 55414

Subject: Report of disbursements to practitioners in 2000

Dear Sir or Madam:

Although Stearns Veterinary Outlet Store, Inc. did not make any reportable disbursements to practitioners in the year 2000, we have included the report form as per your request.

Sincerely,



Richard W. Peifer



Schering-Plough Animal Health

Schering-Plough Animal Health Corporation
1095 Morris Avenue
PO Box 3182
Union, New Jersey 07083-1982
Telephone (908) 298-4000

**CERTIFIED MAIL Z 358 475 690
RETURN RECEIPT REQUESTED**

January 24, 2001

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

JAN 29 2001

MINNESOTA BOARD
OF PHARMACY

**RE: Gifts to Practitioners - 2000
Schering-Plough Animal Health Corporation- Licensed Wholesaler**

Dear Mr. Holmstrom:

I am in receipt of your letter dated November 3, 2000.

We have not disbursed any payments, honoraria, reimbursements or other compensation to licensed practitioners in the state of Minnesota during the calendar year 2000.

If you have any questions, please contact me at (908) 629-3321 or via e-mail at nancy.thompson-brown@spcorp.com.

Sincerely,

Nancy Thompson-Brown
Regulatory Compliance Specialist

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

D & K HEALTHCARE RESOURCES, INC

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/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 OR OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (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.

NAME OF PRACTITIONER

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

NONE

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

\$0

TYPE OF PAYMENTS

RECEIVED AT

JAN 29 2001

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

American Pharmaceutical Products, Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1101 PARAMETER DR.
SCHRAMBURG IL 60173

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.)

NONE

ADDRESS OF PRACTITIONER

VALUE OF
PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

FEB 2 2001

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Van Wafers + Rogers Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

845 Terrace Ct. St. Paul, MN 55101

MIN BOARD OF PHARMACY LICENSE NUMBER

361037-4

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 151.461, 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 PAYMENTS OF ANY TYPE
TO ANYONE FOR CY 2000

ADDRESS OF PRACTITIONER

VALUE OF
PAYMENTS

\$0

TYPE OF PAYMENTS

RECEIVED AT

JAN 31 2001

MINNESOTA BOARD
OF PHARMACY

1-30-01
WTS

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1234E HWY 7 MONTEVIDEO MN 56265

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ARNESON SNYDER DRUG
DAVID R ARNESON
MN BOARD OF PHARMACY LICENSE NUMBER
360057-5

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 (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

RECEIVED AT

JAN 31 2001

MINNESOTA BOARD OF PHARMACY

David R Arneson-RPh
11088
01/26/01

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Hoffmann-La Roche Inc.

MIN BOARD OF PHARMACY LICENSE NUMBER

360565-1

NAME OF PRACTITIONER

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

NO PAYMENTS DIRECTLY TO PRACTITIONERS, INSTITUTIONS ONLY

TYPE OF PAYMENTS

VALUE OF PAYMENTS

ADDRESS OF PRACTITIONER

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

340 Kingsland Street
Nutley, New Jersey 07110

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 \$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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FEB 1 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Nelson Laboratories LP
 MN BOARD OF PHARMACY LICENSE NUMBER
 360167-1

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

4001 N Lewis Ave
 Sioux Falls SD 57104

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 (f) TO (h), 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

FEB 2 2001

MINNESOTA BOARD
 OF PHARMACY