

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Welders Supply Co. Inc.

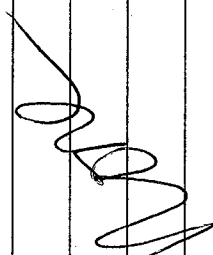
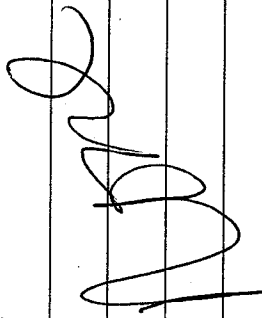
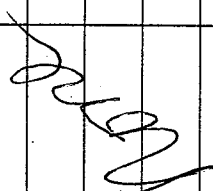
ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Warthington

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

MN

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 (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 \$1000 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 13 2001
			MINNESOTA BOARD OF PHARMACY
			

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Welders Supply Co. Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

St. Cloud

MN

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 \$1000 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	None	None	None
			RECEIVED AT
			NOV 13 2001
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Midwest IV (and Homecare) Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

8400 Coral Sea St. NE, Blaine, MN 55449

MN BOARD OF PHARMACY LICENSE NUMBER

36111-1

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.

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

[Signature]

ADDRESS OF PRACTITIONER

[Signature]

VALUE OF PAYMENTS

[Signature]

TYPE OF PAYMENTS

[Signature]

RECEIVED A1

NOV 13 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Shopko Pharmacy 2025

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1200 E Southview Dr. Marshall MN

MN BOARD OF PHARMACY LICENSE NUMBER

360626-5

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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RECEIVED
NOV 9 2001
MINNESOTA BOARD
OF PHARMACY

J. M. G. B. R. P.
M.D.

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

National P. Optical
MN BOARD OF PHARMACY LICENSE NUMBER

506 Beltrami Avenue

Bemidji, MN 56601

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.

360154-5

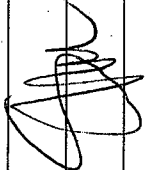
NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No Activity



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

STUART & ARMSTRONG CONSULTING, INC.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2440 ST PAUL RD OWATONNA MN 55060

MN BOARD OF PHARMACY LICENSE NUMBER

358962-9

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 (9) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALLING \$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			

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Abbott NW Paper Bld Pharmacy

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

800 E 28th St

MIN BOARD OF PHARMACY LICENSE NUMBER

360926-2

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALLING \$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.)

NOAL

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
CALEB LABORATORIES, INC
 ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
529 S. 7th St, MPLS, MN 55415
 MN BOARD OF PHARMACY LICENSE NUMBER
360033-9

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

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

to contribute to contract in Minnesota, MN
 We do not fit person's
 We do not fit person's otherwise.
 sent to or other
 licensed
 2/10/15

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

INC Pharmacy

126 First Ave SE Grand Rapids Mn 55744

MN BOARD OF PHARMACY LICENSE NUMBER

360706-0

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALLING \$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

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

THE MEDICINE SHOPPE

MN BOARD OF PHARMACY LICENSE NUMBER

361015-4

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

301 1st ST SE Little Falls, MN

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$1000 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 WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	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 (9) TO (6), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALLING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.
SULLIVAN CANDY & SUPPLY	1206 E 25 TH ST	HYBINE MO 5574
MN BOARD OF PHARMACY LICENSE NUMBER	NAME OF PRACTITIONER	VALUE OF PAYMENTS
340934-3	PAYMENTS	
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)		
No		

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Econofoods Pharmacy # 331

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

612 So. Minnesota Ave., St. Peter, MN 56082

MN BOARD OF PHARMACY LICENSE NUMBER

360206-5

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALLING \$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

NOV 11-8-01

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

LaKeview Hospital Pharmacy

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

927 W. Churchill St.

Stillwater, MN 55082

MIN BOARD OF PHARMACY LICENSE NUMBER

360372-1

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

No reportable activity - Cynthia Appleseth RPh

ADDRESS OF PRACTITIONER

Cynthia Appleseth RPh

VALUE OF PAYMENTS

TYPE OF PAYMENTS

11-7-01

CHIRON

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

February 15, 2002

David E. Holmstrom
Executive Director
Minnesota Board of Pharmacy
2829 University Avenue SE, Suite 530
Minneapolis, MN 55414-3251

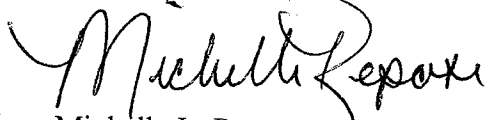
RECEIVED AT
FEB 19 2002
MINNESOTA BOARD
OF PHARMACY

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 3, 2001, wherein the 1993 Minnesota legislation requiring to do such is stated. There have been no payments, honoraria, reimbursement, or 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 contact me at (510) 923-5527.

Regards,
CHIRON CORPORATION



Michelle L. Repose
Project Management Associate

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALLING \$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
Chiron Corporation #459716-6	4560 Horton St. Emeryville, CA 94608		Ian Okazaki, MD	University of Minnesota 420 Delaware St. SE Box 806 14-244 Moos Tower Minneapolis MN 55455	\$1,000	Honoraria
Ian Okazaki, MD				Fairfield University 420 Delaware St. Moos Tower 14-244 Minneapolis, MN 55455	\$1,000	Honoraria

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Forest Pharmaceuticals

MN BOARD OF PHARMACY LICENSE NUMBER

459724-7

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

13600 Shoreline Dr. St. Louis Mo 63045

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 TOTALLING \$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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Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

APR 22 2002

MINNESOTA BOARD OF PHARMACY

attached

Forest

R\Year	C	T	TIN	Vendor	Vendor address	Vendor city	St ZIP code	Base code 7
B 2001	1	416027707	0000601918	MINNESOTA MEDICAL FOUNDATION	ONE VETERANS DR	MINNEAPOLIS	MN 55417	000000100000
B 2001	1	411835843	0000602085	HEALTH PARTNERS	8100-34TH AVE S	MINNEAPOLIS	MN 554401309	0000000475000
B 2001	1	410804400	0000602134	MINNESOTA ACADEMY OF FAMILY	600 S HWY 169 STE 1680	ST LOUIS PARK	MN 55426	000000180000
B 2001	1	237287423	0000604364	MINNESOTA PERINATAL ORGANIZATION	16416 GRIFFON TRAIL	LAKEVILLE	MN 55044	000000040000
B 2001	1	323428873	0000604597	JOHN WAHLSTROM MD	565 S SNELLING AVE	ST PAUL	MN 55116	000000050000
B 2001	1	416007513	0000605755	UNIVERSITY OF MINNESOTA	420 DELAWARE ST SE (MMC:391)	MINNEAPOLIS	MN 55455	0000000100000
B 2001	1	363261413	0000608101	ALLINA HEALTH SYSTEM	710 E 24TH ST #400	MINNEAPOLIS	MN 55440	0000000800000
B 2001	1	416011702	0000609122	MAYO FOUNDATION	200 FIRST ST SW	ROCHESTER	MN 55905	0000000890000

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4750.00
1500.00
400.00
500.00
1000.00
6000.00
8000.00

Decenal Point

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

St Francis Regional Medical Center Dept of Rx 1455 St Francis Ave Shakopee MN 55379

MN BOARD OF PHARMACY LICENSE NUMBER 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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Judy Quinn for the dept tho, not herself, they needed a "name" on there I doubt since it's for the dept that it's reportable	606 Tyler Ln Shakopee mn	\$1500 total	checks for drug data collection
Anne Larson for the dept State of MN had check in their file of forgotten/lost assets for SFMC Rx, needed a name to send it to. I doubt this is reportable either	14609 Harrington Pl A.V. Shakopee mn	\$146	check
Shakopee Rph P/C			

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Aveda Corporation

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

4000 Pheasant Ridge Dr. Blaine, MN 55449

MN BOARD OF PHARMACY LICENSE NUMBER

459982-1

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 TALLING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER

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

Brian Zelikson
(Drew Medical)

ADDRESS OF PRACTITIONER

97104 Drew Ave 55416
Mpls., MN

VALUE OF PAYMENTS

6000/mo.

TYPE OF PAYMENTS

Jan 2001 - August 2001

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NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

INTERMUNE, INC

MN BOARD OF PHARMACY LICENSE NUMBER

400025-7

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2280 BAYSHORE BLVD, BRISBANE, CA 94005

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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DR. PATRICK WRIGHT	MINNESOTA LUNG CENTER 55125 8075 VALLEY CREEK RD # 200 WOODBURY, MN	\$ 100.00	HONORARIA RECEIVED
DR. DAVID BONHAM	PULMONARY & CRITICAL CARE ASSOCIATES, P.A. 255 N. SMITH AVE, SUITE 201, ST. PAUL, MN 55102	\$ 100.00	HONORARIA NOV 30 2001
DEBORAH SCATARELLI, ANP	"	\$ 100.00	HONORARIA MINNESOTA BOARD OF PHARMACY
DR. AVI NAHUM	HEALTH PARTNERS, PULMONARY DEPT 6040 JACKSON ST, ST PAUL, MN 55101-2575	\$ 100.00	HONORARIA
DR. ALAIN BROCCARD	"	\$ 100.00	HONORARIA
DR. JAMES FLINK	PULMONARY & CRITICAL CARE ASSOCIATES, P.A. 255 N. SMITH AVE, SUITE 201, ST. PAUL, MN 55102	\$ 500.00	HONORARIA
KATHY GIRONER	920 E 28TH ST MINNEAPOLIS, MN 55417	\$ 100	HONORARIA
LEE KAMAN	ST PAUL LUNG CENTER ST PAUL, MN 55102	\$ 100	HONORARIA
JAMES NICKMAN	2220 RIVERSIDE AVE MINNEAPOLIS, MN 55454	\$ 100	HONORARIA
HEIDI WALDRON	2220 RIVERSIDE AVE MINNEAPOLIS, MN 55454	\$ 100	HONORARIA
CATHY YOUNGMAN	2220 RIVERSIDE AVE MINNEAPOLIS, MN 55454	\$ 100	HONORARIA



November 13, 2001

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

RECEIVED AT
NOV 16 2001
MINNESOTA BOARD
OF PHARMACY

Sir/Madam:

I am in receipt of the Office Memorandum dated November 3, 2001 regarding the completion of the "Gifts to Practitioners" form for the Year 2001.

Golden State Medical Supply, Inc. (GSMS) - Minnesota State License #361012-5 - has at no time provided any type of "gift" to any practitioner, distributor, or organization related to the sale or distribution of our product. I have enclosed the form and noted the form to be non-applicable to GSMS.

If there are any additional concerns or questions, please contact me. I am available Monday through Friday, 6:30 am to 3:00 pm (PST) at (661) 295-8101, Extension 59.

Sincerely,

Anita Wrublewski
Director, New Business Development

Pharmaceutical Marketing and Supply — Meeting Your Health Care Needs

27644 N. Newhall Ranch Rd., Ste. 40 · Valencia, CA 91355 · (800) 284-8633 · (661) 295-8101 · Fax (661) 295-8269

91355

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Golden State Medical Supply, Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

27644 N. Newhall Ranch Rd #40 Valencio, CA

MIN BOARD OF PHARMACY LICENSE NUMBER

361012-5

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

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
na	na	na	na
	We do not practice providing		
	ANY "Gifts to Practitioners"		
	Anita Wrublewski		
	GSM5		
	11/3/2001		

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Biogen, Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

14 Cambridge Center, Cambridge, MA 02142

MIN BOARD OF PHARMACY LICENSE NUMBER
360638-8 & 459956-2

MINNESOTA STATUTES REQUIRE WHOLESALERS 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
Nancy De Hosier	Duluth	\$ 107.25	Reimburse travel
Joseph Grande	Rochester	\$ 400.00	honorarium
Gary Birnbaum MD	Excelsior	\$ 1800.00	honorarium
Randall Schapiro MD	Minneapolis	\$ 6,000	honorarium
David McKee MD	Duluth	\$ 2500.00	honorarium
Kathy Gilliland	Edina	\$ 800.00	honorarium
Neil Dahlquist	St. Paul	\$ 2400.00	honorarium expense
Ivan Brodskiy MD	minneapolis.	\$ 1000.78	"
Kiersten Vadheim Phd	Stillwaters	\$ 1696.00	