

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

IBA Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

PO Box 31, Millbury, MA 01527

MN BOARD OF PHARMACY LICENSE NUMBER

360398-3

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 (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 \$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

No reportable activity

RECEIVED
DEC 31 2001
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Adams Laboratories
MN BOARD OF PHARMACY LICENSE NUMBER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

14801 Sovereign Rd

Ft. Worth TX 76155

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 TO FALLING \$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			

RECEIVED AT
DEC 10 2001
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Baxter Healthcare Corporation

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1200 Parkdale Road, Rochester, MI 48307

MIN BOARD OF PHARMACY LICENSE NUMBER

361028-0

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 (9), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALLING \$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
No Reportable Activity in 2001			
			RECEIVED AT
			DEC 10 2001
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ICN Pharmaceuticals Inc.
MIN BOARD OF PHARMACY LICENSE NUMBER

Wholesale/DEA 359877-1

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

3300 Hyland Avenue Costa Mesa, CA 92626

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ADDRESS OF PRACTITIONER

No reportable activity for FY 2001

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 10 2001

MINNESOTA BOARD OF PHARMACY



The Vitamin Marketing Experts

RECEIVED AT

DEC 10 2001

MINNESOTA BOARD
OF PHARMACY

December 5, 2001

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

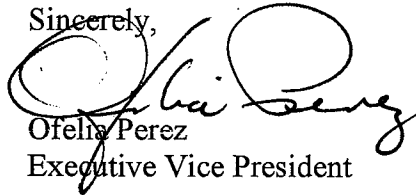
Re: Gift to Practitioners

To Whom It May Concern:

In response to a letter regarding any payments done during the year to practitioners in the state of Minnesota, we would like to inform that Mason Distributors no longer sells any prescription drug products, only vitamins and over the counter products. Therefor nothing has been paid to any practitioner.

Thank you for your cooperation in this matter, if you have any further questions you may reach me at (305) 624-5557 ext. 8403.

Sincerely,



Ofelia Perez
Executive Vice President

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

BARR LABORATORIES INC.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2150 PERROWVILLE RD. FOREST, VA. 24031

MIN BOARD OF PHARMACY LICENSE NUMBER

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ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NO REPORTABLE ACTIVITY

*RECEIVED A1
DEC 21 2001
MINNESOTA BOARD
OF PHARMACY*

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Valley Drug Company

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

318 W Boardman St, Fargo ND 58103

MN BOARD OF PHARMACY LICENSE NUMBER

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.

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NO Reportable Activity in 2001

[Signature]

12/3/01

RECEIVED A1

DEC 20 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

J. Kinipper & Company, Inc

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1675 Oak Street, Hatfield, NJ 08701

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MN BOARD OF PHARMACY LICENSE NUMBER

360501-7

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
DEC 19 2001
MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Rice Home Medical LLC

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1833 19th Ave SW W. Hillman, MN 56201

MN BOARD OF PHARMACY LICENSE NUMBER

459999-9

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ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 19 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ICN DUTCH HOLDINGS, B.V.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Bo. Manana Rd 909, H-01 Box 1625, Summaco Rr 00793

MN BOARD OF PHARMACY LICENSE NUMBER

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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N/A

ADDRESS OF PRACTITIONER

N/A

VALUE OF PAYMENTS

N/A

TYPE OF PAYMENTS

N/A

RECEIVED AT

DEC 10 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

BAYER HEALTHCARE CORP.

MN BOARD OF PHARMACY LICENSE NUMBER

360894-6

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

7525 SOUTH FREEWAY,

HOUSTON TX 77024

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			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

COOK CO. NORTH SHORE HOSPITAL

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Box 10 GRAVUS MARAIS MN 55604

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MN BOARD OF PHARMACY LICENSE NUMBER

200296-7

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

None to report

RECEIVED AT
DEC 17 2001
MINNESOTA BOARD
OF PHARMACY