

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Pumpkin Energy Products USA 1554 Highway 2, Two Harbors MN 55616

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 151.46 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.

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

[Signature]

[Signature]

[Signature]

[Signature]

RECEIVED A1
JAN 22 2002
MINNESOTA BOARD
OF PHARMACY

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 JAN 30 2002

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
 ARNESON SNYDER, DRUG
 DAVID R. ARNESON
 MN BOARD OF PHARMACY LICENSE NUMBER

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

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 OR PHARMACY
 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

1-29-02

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Capital Returns, Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

4066 N. Port Washington Road, Milwaukee, WI 53212

MN BOARD OF PHARMACY LICENSE NUMBER

360762-0

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 (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 TO REPORT		

RECEIVED At
JAN 24 2002
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

BOIRON-BORNEMAN, INC.

MN BOARD OF PHARMACY LICENSE NUMBER

459977-9

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

6 CAMPUS BOULEVARD, NEWTOWN SQUARE, PA 19073

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.)

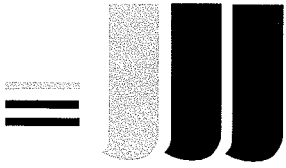
ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NONE

RECEIVED A
JAN 22 2002
MINNESOTA BOARD
OF PHARMACY



JACOBSON COMPANIES

JACOBSON WAREHOUSE COMPANY, INC.
JACOBSON PACKAGING COMPANY, L.C.

JACOBSON INVESTMENT COMPANY, L.C.
JACOBSON LOGISTICS COMPANY, L.C.

JACOBSON TRANSPORTATION COMPANY, INC.
JACOBSON INDUSTRIAL SERVICES, L.C.

January 2, 2002

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

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JAN 7 2002

MINNESOTA BOARD
OF PHARMACY

Enclosed is Jacobson Warehouse Company, Inc.'s response to your request for a listing of practitioners Jacobson made payments to in 2001.

Sincerely,

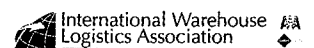
Robert L. McAdams
Manager-in-Training
Jacobson Warehouse Company



Jacobson Warehouse Company
"Employee Owned"
Quality Management System
Des Moines, Iowa

CORPORATE HEADQUARTERS

P.O. Box 224 • Des Moines, Iowa 50301
(515) 265-6171 • Fax (515) 265-8927



Phoenix, AZ • Brawley, CA • East Moline, IL • Rockford, IL • Rock Island, IL • Indianapolis, IN • Ames, IA • Ankeny, IA • Cedar Rapids, IA
Davenport, IA • Iowa City, IA • Hannibal, MO • Philadelphia, PA • Memphis, TN • Fort Worth, TX • Houston, TX

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

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.

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No reportable activity

Joy H. [Signature] RPh

FRANK PHARMACY
115 5TH AVE. N.
PRINCETON, MN 55371

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JAN 7 2002
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Service Dist., Inc.

1000 Berkshire Lane North, Plymouth, MN, 55441

(New address)

MN BOARD OF PHARMACY LICENSE NUMBER
360903-9

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 (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 HONORARIAS OR PAYMENTS MADE TO ANY LICENSED PRACTITIONERS

RECEIVED A1
JAN 7 2002
MINNESOTA BOARD OF PHARMACY

Any questions, please contact - Marlys E. Menefee, Bki
Mark Leikam
Mark Leikam, President

1/3/02

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Park Auto Supply

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

801 E 1st St Park Rapids, MN 56470

MN BOARD OF PHARMACY LICENSE NUMBER

360381-5

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.

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

N/A

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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JAN 7 2002

MINNESOTA BOARD OF PHARMACY

HEALTHEAST PHARMACIES
 DOWNTOWN SAINT PAUL
 17 W EXCHANGE ST #100
 SAINT PAUL, MN 55102
 (612) 232-3255

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

260488-6

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.

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

None

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
 JAN 7 2002
 MINNESOTA BOARD
 OF PHARMACY

Cheryl Weber
 RPL

16302

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Bourne Medical SVC

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

163 Walnut P.O. Box 111 Winona, MN 55987

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.

MN BOARD OF PHARMACY LICENSE NUMBER

459880-4

NAME OF PRACTITIONER

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

No reportable activity

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
JAN 18 2002
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Merz Pharmaceuticals

4215 Tudor Lane Greensboro NC 27410

MN BOARD OF PHARMACY LICENSE NUMBER

360068-5

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 (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

None

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
JAN 18 2002
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

AmerisourceBergen - Mishawaka Division

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1655 East Twelfth Street; Mishawaka, IN 46544-5828

MN BOARD OF PHARMACY LICENSE NUMBER

360956-3

MINNESOTA STATUTES REQUIRE WHOLESALER 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.

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

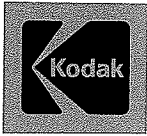
ADDRESS OF PRACTITIONER

VALUE OF
PAYMENTS

TYPE OF PAYMENTS

NO REPORTABLE ACTIVITY

RECEIVED AT
JAN 23 2002
MINNESOTA BOARD
OF PHARMACY



January 17, 2002

RECEIVED AT
JAN 22 2002
MINNESOTA BOARD
OF PHARMACY

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

Attention: David E. Holmstrom

Dear Mr. Holmstrom:

Subject: Gifts to Practitioners

In response to your memorandum dated November 3, 2001, I wish to inform you that the Eastman Kodak Dental Business has made no payments in the form of honorariums, reimbursements or other compensations to Practitioners during 2001.

If you have any questions or concerns, please call me at 585-724-3865.

Regards,

A handwritten signature in cursive script that reads "Patricia B. Lanzoni".

Patricia B. Lanzoni
Associate
Regulatory Affairs Department
Health Imaging Division

Enc.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MINNTECH CORPORATION

MIN BOARD OF PHARMACY LICENSE NUMBER

360552-5

ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER

14605 28th Avenue North, Minneapolis, Minnesota 55447

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 151.441, CLAUSES 6) 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.)

Allan J. Collins, M.S., FACP

ADDRESS OF PRACTITIONER

University of Minnesota, Dept. of Nephrology

Hennepin County Medical Center

701 Park Avenue South

Minneapolis, Minnesota 55415

VALUE OF PAYMENTS

\$3,226.96

\$2,906.56

\$2,847.80

TYPE OF PAYMENTS

Speaker & Reimbursement

"

"

RECEIVED AT
JAN 23 2002
MINNESOTA BOARD
OF PHARMACY

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