

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Fairview Highland Park Pharmacy 255 Ford Parkway

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.

MIN BOARD OF PHARMACY LICENSE NUMBER

3606647

NAME OF PRACTITIONER

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

None

ADDRESS OF PRACTITIONER

None

VALUE OF PAYMENTS

TYPE OF PAYMENTS

None

RECEIVED AT

NOV 21 2002

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Aveda Corporation

MN BOARD OF PHARMACY LICENSE NUMBER

459982-1

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

4000 Pheasant Ridge Drive, Blaine, MN 55449

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 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 for 2002			
			RECEIVED AT
			NOV 21 2002
			MINNESOTA BOARD OF PHARMACY

YE 2002

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER L. PERRIGO COMPANY <small>MN BOARD OF PHARMACY LICENSE NUMBER</small> 459723-4	ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER 515 EASTERN AVE ALLEGAN, MI 49010
--	---

NAME OF PRACTITIONER <small>Please include designation (i.e., MD, etc.)</small>	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
No Activity.			

RECEIVED AT
 NOV 22 2002
 MINNESOTA BOARD
 OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1801 Osceola Ave, Chariton, IA 50049

Hy-Vee, Inc
MN BOARD OF PHARMACY LICENSE NUMBER

360588-4

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.

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

NONE

ADDRESS OF PRACTITIONER

N/A

VALUE OF PAYMENTS

NONE

TYPE OF PAYMENTS

N/A

RECEIVED AT
NOV 2 2002
MINNESOTA BOARD
OF PHARMACY

HyVee

Bob Egeland
Assistant Vice President
Pharmacy Operations

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

APL Logistics

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2925 Shawnee Ind. Way Suite 100 Suwanee, GA 30084

MN BOARD OF PHARMACY LICENSE NUMBER

360520-8

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.)

N/A

ADDRESS OF PRACTITIONER

N/A

VALUE OF PAYMENTS

N/A

TYPE OF PAYMENTS

N/A

RECEIVED AT
NOV 22 2002
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Dakota Clinic Pharmacy

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1720 Hwy 59 SE, Thief River Falls, MN 5701

MN BOARD OF PHARMACY LICENSE NUMBER

360818-2

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.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
None			
Dawson			

RECEIVED AT
NOV 2 2002
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Drugmax Inc.
MN BOARD OF PHARMACY LICENSE NUMBER
361054-9

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

203 Parkway View Dr. Pittsburgh, PA 15205

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			

RECEIVED AT
NOV 22 2002
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

TRANSVARYOTIC THERAPIES, INC.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1915 ALWAMY STREET
CAMBRIDGE MA 02139

MN BOARD OF PHARMACY LICENSE NUMBER

460058-7

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 REPORTABLE GIFTS *

RECEIVED AT
NOV 22 2002
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

SMDC Clinics & Departments Drug Dist. Center

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

400 E Third St. Duluth, Mn. 55805

MN BOARD OF PHARMACY LICENSE NUMBER

361179-7

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			

RECEIVED AT
NOV 22 2002
MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Puritan Medical Products

MN BOARD OF PHARMACY LICENSE NUMBER

460049-3

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

925 Pierre Butler Route St. Paul, MN. 55104

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

RECEIVED IN
NOV 22 2009
MINNESOTA BOARD
OF PHARMACY

Scott A. Lines
Scott A. Lines
Operations Manager
Puritan Medical Products
St. Paul location

56283

Old address: 100 Fallwood Dr. Redwood Falls, Minn.

new address: 1303 E. Bridge St. Suite 130 Redwood Falls

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Rice Home Medical LLC

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MIN BOARD OF PHARMACY LICENSE NUMBER

361110-8

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 \$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			

RECEIVED AT
NOV 22 2002
MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Cuyung Regional Med Ctr Pharmacy

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

320 East Main St. Crosby MN 56441

MN BOARD OF PHARMACY LICENSE NUMBER

360 495 - 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 (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.

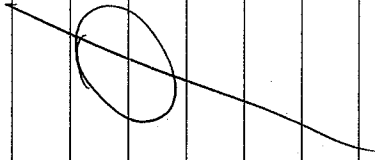
NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
NOV 27 2008
MINNESOTA BOARD
OF PHARMACY



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

J. Krigger and Company, Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1645 Oak Street, Lakewood, NY 08701

MN BOARD OF PHARMACY LICENSE NUMBER

360501-7

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.

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

None

ADDRESS OF PRACTITIONER

TYPE OF PAYMENTS

VALUE OF PAYMENTS

RECEIVED AT
NOV 22 2002
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Lake Superior X-Ray Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

6012 E. Superior St Duluth, MN 55804

MN BOARD OF PHARMACY LICENSE NUMBER

360543-1

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

No activity

RECEIVED AT
NOV 22 2002
MINNESOTA BOARD
OF PHARMACY

[Handwritten signature]

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Glencoe Regional Health Services

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

705 E. 18th St Glencoe MN 55336

MN BOARD OF PHARMACY LICENSE NUMBER

3604092

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

RECEIVED AT
NOV 22 2002
MINNESOTA BOARD OF PHARMACY

Handwritten signature

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER
 ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER
 WILLIAMS DRUG DISTRIBUTORS
 1000 Linden Ave. Lakesville, Minn. 56370

MN BOARD OF PHARMACY LICENSE NUMBER	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
	We do not sell to licensed practitioners			

RECEIVED AT
 NOV 22 2007
 MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Excel Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

400 First St. Suite 250 Middletown, PA 17057

MN BOARD OF PHARMACY LICENSE NUMBER

360790-5

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.)

None

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
NOV 22 2002
MINNESOTA BOARD
OF PHARMACY.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Iowa Veterinary Supply Co.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

125 Kingswood Road PO-Box 1002 Mankato, Mn 56002

MIN BOARD OF PHARMACY LICENSE NUMBER

300160-8

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

NO ACTIVITY

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
NOV 22 2002
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Parenta Pharmaceuticals, Inc.

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

One Southern Court
West Columbia, SC 29169

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESAL 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

RECEIVED AT
NOV 22 2002
MN BOARD OF PHARMACY

- NONE -

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

McLesson Corp.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

2798 New Butler Rd

New Castle Pa 16101

MN BOARD OF PHARMACY LICENSE NUMBER

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 \$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 22 2002

MINNESOTA BOARD
OF PHARMACY

We do not deal w/ physicians directly

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

FairView Wholesale Services Pharmacy

711 Kasota Ave Mpls, MN 55414

MN BOARD OF PHARMACY LICENSE NUMBER

262154-2

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.

NAME OF PRACTITIONER

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

No

ADDRESS OF PRACTITIONER

Reportable Activity

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
NOV 2 2002
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MAYO INVENTORY CENTER
 MN BOARD OF PHARMACY LICENSE NUMBER
 360652-4

3131 VA CLEY HIGHT ROAD N.W. ROCHESTER, MN. 55901

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
RECEIVED AT NOV 22 2002 MINNESOTA BOARD OF PHARMACY		0	0

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Pascal Co. Inc.

MN BOARD OF PHARMACY LICENSE NUMBER

459809-17

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2929 N.E. Northrup Way, Bellevue, WA 98004

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

RECEIVED AT

NOV 22 2002

MINNESOTA BOARD OF PHARMACY

N/A
We do not sell to practitioners
We do not pay
no

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

The Harvard Drug Group

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

31778 Enterprise Dr, Livonia, MI 48150

MIN BOARD OF PHARMACY LICENSE NUMBER

360327-1

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.

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
NOV 22 2002
MINNESOTA BOARD
OF PHARMACY

None

None

N/A

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Cook Co. North Shore Hospital

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

PO Box 10 Grand Marais MN 55604

MN BOARD OF PHARMACY LICENSE NUMBER

200296-7

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 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

RECEIVED AT
NOV 22 2002
MINNESOTA BOARD
OF PHARMACY

None

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Hawkins Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

3100 East Hennepin Ave Minneapolis, Mn 55413

MN BOARD OF PHARMACY LICENSE NUMBER

360687-0

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 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

N/A

VALUE OF PAYMENTS

0 N/A

TYPE OF PAYMENTS

0 N/A

RECEIVED AT
NOV 22 2002
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
Hawkins Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

3100 East Hennepin Ave Minneapolis Mn 55413

MN BOARD OF PHARMACY LICENSE NUMBER
460060-0

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

ADDRESS OF PRACTITIONER

N/A

VALUE OF PAYMENTS

0 N/A

TYPE OF PAYMENTS

0 N/A

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.

RECEIVED IN
NOV 22 2006
MINNESOTA BOARD
OF PHARMACY

NORTHWESTERN SUPPLY COMPANY

P.O. BOX ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER
ST. CLOUD, MINN. 56302

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

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 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

none

RECEIVED
NOV 22 2002
MINNESOTA BOARD
OF PHARMACY

Pat Jameson
NWS Co., Sec.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Excess Management Systems, Inc.

709-A Silver Palm Avenue, Melbourne, FL 32901

MN BOARD OF PHARMACY LICENSE NUMBER

361142-5

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.

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No Activity

RECEIVED AT

DEC 02 2002

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
AMERISOURCE BEECHER CORPORATION MN BOARD OF PHARMACY LICENSE NUMBER 361250-5	8605 EBENEZER CHURCH ROAD LAKEVILLE, MINN. 56001	None			RECEIVED AT DEC 02 2002 MINNESOTA BOARD OF PHARMACY.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Universal Rx Solutions of GA

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

2084 Lake Industrial Ct. Conners, GA 30013

MIN BOARD OF PHARMACY LICENSE NUMBER

360885-2

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 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
N/A	N/A	N/A	N/A
			RECEIVED AT
			DEC 02 2002
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Kenco DURHAM

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2525 Whilden Dr. Durham NC 27713

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 \$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 Activity

ADDRESS OF PRACTITIONER

Frank Murphy 11/22/02

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 02 2002

MINNESOTA BOARD OF PHARMACY



AmerisourceBergen Corporation
21129 Timberlake Road
Lynchburg, VA 24502

Phone 804.239.6971
Fax 804.582.4755
www.amerisourcebergen.net

11-19-02

RECEIVED AT
NOV 22 2002
MINNESOTA BOARD
OF PHARMACY

To: David E. Holmstrom
Executive Director

There were no such gifts given to practitioners.

Thanks,

Elizabeth M. Short
Elizabeth M. Short
Compliance Coordinator
Lynchburg Division

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Payne's Pharmaceuti...

MN BOARD OF PHARMACY LICENSE NUMBER

3598852

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

4220 Hyde Park Blvd Nascaya Falls NY 14305

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
<p style="text-align: center;">RECEIVED AT NOV 22 2002 MINNESOTA BOARD OF PHARMACY</p>			

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

GUARDIAN LABORATORIES DIV.

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

230 MARCUS BLVD., PO BOX 18050, HAUPPAUGE NY 11788

MN BOARD OF PHARMACY LICENSE NUMBER

459933-9

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 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
—	—	NONE	—

RECEIVED AT
 NOV 22 2002
 MN BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Abbott Laboratories

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

3900 Howard Lane Austin, TX 78728

BOARD OF PHARMACY LICENSE NUMBER

459937-1

NAME OF PRACTITIONER

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

None

ADDRESS OF PRACTITIONER

N/A

VALUE OF PAYMENTS

N/A

TYPE OF PAYMENTS

N/A

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 151.441, 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.

RECEIVED AT
NOV 25 2002
MINNESOTA BOARD
OF PHARMACY

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

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

NOVARTIS CONSUMER HEALTH
MN BOARD OF PHARMACY LICENSE NUMBER

200 KIMBALL DRIVE, PARSONS, 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 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

NO GIFTS OVER \$100 WERE MADE

Judy Platt,
Manager Professional Sales

Novartis Consumer Health, Inc.
200 Kimball Drive
Parsippany, NJ 07054



Tel 973 503-7684
Fax 973-503-8426

Interoffice Correspondence

RECEIVED AT

JAN 31 2003

MINNESOTA BOARD
OF PHARMACY

Date: January 29, 2003

To: David Tolman

From: Judy Platt

Subject: **Gifts to Practioners**

David:

Per the attached letter from the Minnesota Board of Pharmacy regarding gifts to physicians over \$100, please be advised that we have not given any such gifts to physicians.

If you have any questions, please advise.

Judy Platt

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Divine Providence Health Center

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

312 E. George Box 136 Ivanhoe, MN 56142

MN BOARD OF PHARMACY LICENSE NUMBER

360365-3

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 given			
			RECEIVED AT
			NOV 21 2002
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
DMD Pharmaceuticals, A Division of Dickey
Consumer Products, Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

15268 Stony Creek Way, Noblesville IN 46060

MN BOARD OF PHARMACY LICENSE NUMBER

360893-3

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 (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			
			RECEIVED AT
			NOV 21 2002
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Rice Memorial Hospital

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

301 Becker Ave Sw Willmar MN 56201

MN BOARD OF PHARMACY LICENSE NUMBER

359964-4

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

RECEIVED AT
NOV 21 2002
MINNESOTA BOARD OF PHARMACY