| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Snyder Drug # 5032 | 120 West 3rd St Monticello, MN 55362 |

| 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. |
|---|---|
| 360570-3 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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ZERO
Jack D. Adams RPh
TRENT ANDERSEN RPh

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MINNESOTA BOARD
OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| FIRST AID SERVICE INC | PO BOX 911 BURNSVILLE MN 55337 |

| 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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| 301236-7 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| NONE | | | |
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MINNESOTA BOARD
OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Stemp Drug | 209 Main St. Chatfield, MN 55923 |

| 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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| 204663-5 | |

| NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| Whos. Lic. | | | |
| 360795-0 | | | |
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| None given | in 2002, and None will be given. | | |
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| | Ord Stemp R.Ph. | | |
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| | STEMP DRUG STORE CHATFIELD, MINN. 55923 | | |
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NOV 19 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| THE FALK COMPANY | 16735 COUNTY ROAD 6 --PLYMOUTH, MINNESOTA 55447. |

| 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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| 405955-2 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| NONE. | | | |
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NOV 19 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| EARLS WELDING - IND Supply | 2629. Clear water ROAD ST CLOUD, MN 56301 |

| 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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| 459781-0 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| No Reportable activity | | | |
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NOV 19 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Kostu Pharmacy, Inc. | 183 N Tyler st Tyler, MN 56178 |

| 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. |
|---|---|
| 3605693 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
| | No reportable activity for calendar year 2002. No contribution as wholesale drug distributor | | |
| | Daniel Paul Kostu (PHM) | | |

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MINNESOTA
OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| United Feeds Inc. | 310 2nd Ave. S.W. Waseca, Mn. 56093 |

| 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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| 405433-7 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
| No Reportable Activity | | | |

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TRUMAN DRUG
121 CIRO ST. TRUMAN MN 56088
RICHARD LAURING RPH AL 0000605
MINN LIC # 10623 (507) 776-4861

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
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| 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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| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Samuelsons' Drug | 118 W. 5th St Starbuck, MN 56381-0399 |

| 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 PRACTIITIONERS 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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| 360452-6 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| No Payments etc Year 2002 | | | |
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MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Winter's Main Street Drug | 300 Main Street Sauk Centre, MN 56378 |

| 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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| 26 0341-8 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Tyler Wholesale Inc. | 328 Asti Street P.O. Box 250 Tyler, MN 56178 |

| 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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| 360841-2 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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MINNESOTA BOARD OF PHARMACY

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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| St. Cloud Hospital Pharmacy | 1406 6th Ave. North, St. Cloud, MN 56303 |

| 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 PRACTIITIONERS 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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| 360563-5 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Toll Company | 3005 Niagara L. Plymouth, MN. 55447 |

| 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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| 359897-5 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
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| Coram Alternate Site Services, Inc | 423 main Ave Moorhead MN 56560 |

| 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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| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| None to report / g | | | |
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MINNESOTA BOARD OF PHARMACY

tyco
Healthcare
Mallinckrodt

Mallinckrodt Inc.
172 Railroad Avenue
P.O. Box P
Hobart, NY 13788-0416

Tele: 607 538-9124
Fax: 607 538-1054

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DEC 02 2002
MINNESOTA BOARD OF PHARMACY

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

November 25, 2002

RE: License Number 360783-7 (Distributor)

Dear Sir or Madam:

Enclosed is the completed form with regard to "Gifts to Practitioners" received by Mallinckrodt, Inc., 172 Railroad Avenue, PO Box P, Hobart, NY 13788-0416. As indicated, during the calendar year 2002, 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,

Theodore L. Roney
Regulatory Affairs Associate I

Enclosure

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Mallinckrodt Inc. | 172 Railroad Avenue, PO Box P, Hobart, NY 13788-0416 |

| 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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| 360783-7 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| None | None | None | None |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| AMERISOURCE BERGEN DRUG CORP. | 244 EAST WOODLAWN LOUISVILLE KY 40214 |

| 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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| 360532-1 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| - NA - | - NA - | - NA - | - NA - |
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DEC 02 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Cambridge Medical Center Pharmacy | 701 So Dellwood St - Cambridge MN 55008 |

| 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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| 200635-8 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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RECEIVED AT
NOV 19 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Home Pharmacy | 701 Park Ave |

| 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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| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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RECEIVED AT
NOV 19 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Mpls Oxygen Co. | All Locations |

| 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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| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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RECEIVED AT
NOV 19 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Park Nicollet Health Services | 3800 Park Nicollet Blvd, St Louis Park, MN. 55416 |

| 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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| 301238-3 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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NOV 19 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| West Health Pharmacy | 2855 Campus Dr. Plymouth MN 55441 |

| 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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| 261148-4 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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NOV 19 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| W. Ridgeview Home Medical Eq. | 138 So. Olive St. Waconia MN 55387 |

| 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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| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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NOV 19 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Econo Foods Pharmacy | 1858 Service Drive Winona, Minnesota 55987 |

| 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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| 360591-0 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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NOV 19 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Watkins Incorporated | P.O. Box 5570, Winona, MN 55987 |

| 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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| 400731-3 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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MINNESOTA BOARD
OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Winona Clinic Pharmacy | 420 East Sarnia St. Winona, MN 55987 |

| 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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| 2003267 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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NOV 19 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| FISHER SCIENTIFIC CO, LLC | 2775 Horizon Ridge Court, Suwanee, GA 30024 |

| 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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| 361259-2 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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RECEIVED AT
DEC 02 2002
MINNESOTA BOARD OF PHARMACY

# HC Products, LLC

December 12, 2002

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

RECEIVED AT
DEC 03 2002
MINNESOTA BOARD
OF PHARMACY

Subject: Minnesota Gifts to Parishioners Reporting

Dear Licensing Official:

With regard to the enclosed report, HC Products does not participate in this type of activity.

If you have any additional questions regarding this or the wholesale application please feel free to call me @ 440-483-4107

Regards,

Stacy A. Beattie

Stacy A. Beattie
Distribution Specialist
Health Care Products

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| HC Products, LLC | 6660 Transfer Rd Suite 10 St. Paul MN, 55114 |

| 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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| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
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| Fairview Home Infusion | 2577 Territorial Road St. Paul, MN 55114 |

| 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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| 360555-4 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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RECEIVED AT
DEC 03 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| P.A.L.S | 3735 CO. RD. 5 SW, PO BOX 753, WILLMAR MN 56201 |

| 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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| 360556-4 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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RECEIVED AT
DEC 03 2002
MINNESOTA BOARD OF PHARMACY

CHRONIMED
STATSCRIPT PHARMACY
Specialty Pharmacy. Specialty Solutions.

RECEIVED AT
DEC 03 2002
MINNESOTA BOARD
OF PHARMACY

November 29, 2002

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

Dear Mr. Holmstrom:

Chronimed Pharmacy has not made any payments, honoraria, reimbursement or other compensation to licensed practitioners in Minnesota in calendar 2002.

I am returning the "Gifts to Practitioners" form you requested. Please call if you have any questions.

Respectfully submitted,

David L. Busch, M.S., R.Ph.
Chronimed Pharmacy
Pharmacist-In-Charge
(952) 979-3650

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Econofood Pharmacy 330 | 603 Division St Northfield MN 55057 |

| 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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| 360971-2 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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RECEIVED AT
DEC 09 2002
MINNESOTA BOARD OF PHARMACY

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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| St. Luke's Hospital | 915 E. First St. Duluth, MN 55805 |

| 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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| WHOLESALER# 360699-3<br>PHARMACY# 200442-8 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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RECEIVED AT
DEC 09 2002
MINNESOTA BOARD OF PHARMACY

by:
MD Volzke Dir of R
12/4/02

tyco
Healthcare

Mallinckrodt

Mallinckrodt Inc.
172 Railroad Avenue
P.O. Box P
Hobart, NY 13788-0416

Tele: 607 538-9124
Fax: 607 538-1054

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

RECEIVED AT
DEC 02 2002
MINNESOTA BOARD OF PHARMACY

November 25, 2002

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., 172 Railroad Avenue, PO Box P, Hobart, NY 13788-0416. As indicated, during the calendar year 2002, 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,

Theodore L. Roney
Regulatory Affairs Associate I

Enclosure

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Mallinckrodt Inc. | 172 Railroad Avenue, PO Box P, Hobart, NY 13788-0416 |

| 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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| 460002-4 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| None | None | None | None |
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DeLaval

RECEIVED AT
DEC 09 2002
MINNESOTA BOARD OF PHARMACY

December 5, 2002

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

RE: Gifts to Practitioners

To Whom It May Concern:

Enclosed please find form for reporting gifts to practitioners. As indicated no gifts have been dispersed to any practitioner in Minnesota by either Delaval the parent company or West Agro, Inc. the subsidiary company.

Sincerely,
Delaval

Sheryl Gervat
Manager Regulatory Affairs

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| DELAVAL / West AGRO, INC | 11100 North Congress Ave. Kansas City, MO 64153 |

| 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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| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Mayo Clinic Pharmacy Distribution Center | Mayo Foundation for Medical Education and Research<br>21 Second Street SW, Rochester, MN 55902 |

| 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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| 360139-6 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|---|
| | | | |
| | NO PAYMENTS WERE MADE | | RECEIVED AT |
| | | | DEC 09 2002 |
| | Peter F. Bjerke Ph | | MINNESOTA BOARD OF PHARMACY |
| | Peter F. Bjerke, R.Ph. | | |
| | Pharmacy Manager | | |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Meretek Diagnostics | 618 Grassmere Park Rd., Suite 20, Nashville, TN 37211 |

| 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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| 361148-3 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| No reportable activity. | | | |
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RECEIVED AT
DEC 09 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Park Auto Supply | 801 E. 1st St. Park Rapids, MN 56470 |

| 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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| 360381-5 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| None | | | |
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RECEIVED AT
DEC 05 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| FMC Distributors, Inc. | P.O. Box 981 - Coto Laurel, P.R. 00780 |

| 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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| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| | None | | |
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DEC 05 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Center Laboratories, Inc. | 35 Channel Drive, Port Washington, NY 11050 |

| 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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| 459776-8 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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NO REPORTABLE ACTIVITY

RECEIVED AT
DEC 05 2002
MINNESOTA
OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| Midwest Medical Equipment & Supplies | 4418 Haines Rd Suite 1200 Duluth mn 55811 |

| 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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| 459927-4 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| None | | | |
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RECEIVED AT
DEC 03 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| TROUW NUTRITION USA | P.O. Box 1014 Willmar MN 56201 |

| 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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| 460068-4 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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RECEIVED AT
DEC 03 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| PSS Minneapolis | 141 Cheshire Lane Ste 700 Plymouth Mn. 55441 |

| 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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| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| no activity | | | |
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DEC 03 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| BLOCK DRUG COMPANY, INC. | 257 CORNELISON AVENUE JERSEY CITY, NJ 07302-3158 |

| 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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| 360845-4 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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| NONE | | | |
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RECEIVED AT
DEC 09 2002
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER |
|---|---|
| AKORN INC | 2500 Millbrook DR, Buffalo Grove IL 60089 |

| 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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| 360824-7 | |

| NAME OF PRACTITIONER<br>Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
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RECEIVED AT
DEC 09 2002
MINNESOTA BOARD OF PHARMACY

12-6-02