

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
Aventis Pasteur Inc.
Scranton Distribution Center

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

50 Stauffer Industrial Park, Taylor, PA 18517

MN BOARD OF PHARMACY LICENSE NUMBER

459711-1

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

N/A

N/A

N/A

N/A

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MINNESOTA BOARD
OF PHARMACY

June 15, 2004

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JUN 21 2004

MINNESOTA BOARD
OF PHARMACY

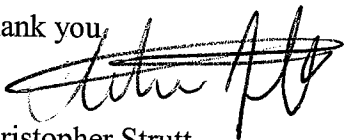
Minnesota Board of Pharmacy
2829 University Avenue Southeast, Suite 530
Minneapolis, MN 55414-3251

Re: Gifts to Practitioners

Attached is Eisai Inc.'s Annual Report of payments to Practitioners licensed in Minnesota. The report includes the nature and value of any payments during the calendar year 2003.

If you should have any questions, please contact me at the phone number below.

Thank you,



Christopher Strutt
Senior Manager Marketing Finance
Eisai Inc.
Glenpointe Centre West
500 Frank W. Burr Blvd.
Teaneck, NJ 07666
(201) 287-2243

cc: Anne Renahan
Leigh Kennedy

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER		ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER		
Eisai Inc.		Glenpointe Centre West, 500 Frank W. Burr Blvd., Teaneck NJ 07666		
<small>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.</small>				
MIN BOARD OF PHARMACY LICENSE NUMBER	Name of Practitioner	Address of Practitioner	Value of Payment	Type of Payment
460110-4	Michael Camilleri, MD	200 First Street Southwest, Rochester, MN 55905-0001	\$1,000	Consultant Fee for Vascular Advisory Board Participant
	Michael Camilleri, MD	200 First Street Southwest, Rochester, MN 55905-0001	\$2,000	Consultant Fee for Ad Board Participant, New York, NY
	Randall T. Schapiro, MD	4295 Weston Way, Shoreview, MN 55126	\$600	Consultant Fees SAAS (Muscle Spasticity) Study
	Randall T. Schapiro, MD	4295 Weston Way, Shoreview, MN 55126	\$2,457	Consultant Fees SAAS (Muscle Spasticity) Study
	Randall T. Schapiro, MD	4295 Weston Way, Shoreview, MN 55126	\$600	Consultant Fees SAAS (Muscle Spasticity) Study
	Randall T. Schapiro, MD	4295 Weston Way, Shoreview, MN 55126	\$600	Consultant Fees SAAS (Muscle Spasticity) Study
	Randall T. Schapiro, MD	4295 Weston Way, Shoreview, MN 55126	\$600	Consultant Fees SAAS (Muscle Spasticity) Study
	Richard Golden, MD	4820 Lodge Lane, Excelsior, MN 55331	\$1,000	Speaking Engagement Aricept, MN
	Dr. William Orr	3537 Great Oaks Place, Eagan, MN 55123	\$1,250	Speaking Engagement Aricept, MN
	Richard Golden, MD	4820 Lodge Lane, Excelsior, MN 55331	\$1,000	Speaking Engagement Aricept, MN
	Richard Golden, MD	4820 Lodge Lane, Excelsior, MN 55331	\$1,000	Speaking Engagement Aricept, MN
	Dr. William Orr	3537 Great Oaks Place, Eagan, MN 55123	\$1,250	Speaking Engagement Aricept, MN
	Marie Braaten	23505 Ridgewood Circle, Fergus Falls, MN 56537	\$1,500	Speaking Engagement Aricept, MN
	Ann Patricia Groeschel	500 Osborne Rod, Fridley, MN 55432	\$1,500	Speaking Engagement Aricept, MN
	Rebecca Simonsen	28711 310th Avenue, Sleepy Eye, MN 56085	\$1,500	Speaking Engagement Aricept, MN

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OF PHARMACY



7475 Lusk Boulevard
San Diego, CA 92121
T (858) 457 2553 F (858) 457 2555

May 26, 2004

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

MAY 28 2004

MINNESOTA BOARD
OF PHARMACY

Dear David E. Holstrom:

Please find the enclosed spreadsheet detailing our annual report for all payments, honoraria, reimbursement, and other compensation paid to licensed Minnesota practitioners during the 2003 calendar year.

Sincerely,

Deborah M. Collins

Senior Director Corporate Compliance
Elan Pharmaceuticals, Inc.
7475 Lusk Blvd
San Diego, CA 92121
deborah.collins@elan.com
858/784-6433 (direct)
858/457-2299 (fax)

Elan Pharmaceuticals, Inc.
 7475 Lusk Blvd, San Diego, CA 92121
 TEL (858) 457-2553, FAX (858) 457-2555
 Contact: Deborah Collins

LAST NAME	FIRST NAME	ADDRESS OF PRACTITIONER	CITY	STATE	ZIP	VALUE OF PAYMENTS	TYPE OF PAYMENTS
Abuzzaha, Sr.	F. S.	701 25th Ave. South, Suite 303	Minneapolis	MN	55454	\$750.00	Consultant Services
Berman MD	Gary	825 Nicollet Ave Suite 1149	Minneapolis	MN	55402	\$750.00	Consultant Services
Cloyd	James	4820 Maple Rd.	Edina	MN	55424	\$11,309.86	Consultant Services
Cohen-Gadol	Aaron	JO 1-299 1216 Street SW	Rochester	MN	55902	\$500.00	Professional Services
Davidson MD	Lisa	1230 E. Main Street	Mankato	MN	56002	\$750.00	Consultant Services
Evans	Susan	14643 Waco Street NW	Ramsey	MN	55303	\$812.02	Consultant Services
Gomez	Francisco	4237 Oliver Ave N	Minneapolis	MN	55412	\$750.00	Consultant Services
Gomez	Francisco	4237 Oliver Ave. N.	Minneapolis	MN	55412	\$800.64	Consultant Services
Heiring MD	Jessica	2046 Acorn Circle	Wayzata	MN	55391	\$750.00	Consultant Services
Holth MD	Byron	13524 Quincy Street NE	Ham Lake	MN	55304	\$750.00	Consultant Services
Kazim MD	Mumtaz	5301 Vernon Ave South	Edina	MN	55436	\$750.00	Consultant Services
Koller	Mark	3400 W. 66th St.	Edina	MN	55435	\$750.00	Consultant Services
Luehr	John	7115 Sunshine Dr.	Eden Prairie	MN	55346	\$1,183.92	Consultant Services
Marden MD	Linda	19 Oridle Place	North Markato	MN	56003	\$750.00	Consultant Services
Peven DO	Debra	500 Osborne Rd, Suite 365	Fridley	MN	55432	\$750.00	Consultant Services
Ritter	Frank	310 North Smith Ave. Suite 300	St. Paul	MN	55102	\$1,141.66	Consultant Services
Rogin	Joanne	2211 Austrian Pine Lane	Minnetonka	MN	55305	\$1,309.75	Consultant Services
Schacht	Howard	310 North Smith Ave. Suite 300	St. Paul	MN	55102	\$1,009.92	Consultant Services
Weatherly	Gretchen	310 North Smith Ave. Suite 300	St. Paul	MN	55102	\$924.21	Consultant Services
Wendell MD	Christopher	436 Holly Avenue #5	St. Paul	MN	55102	\$750.00	Consultant Services

\$27,241.98



EXPRESS SCRIPTS®
Charting the Future of Pharmacy

January 21, 2004

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MINNESOTA BOARD
OF PHARMACY

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

RE: Gifts to Practitioners

Dear Board of Pharmacy:

Attached please find a "Gifts to Practitioners" report for one of our subsidiaries, Phoenix Marketing Group, LLC for 2003.

Another Express Scripts subsidiary, Express Scripts Specialty Distribution Services, Inc., which holds Minnesota Drug Wholesaler Registration No. 361050-7 has no gifts to report for 2003.

If you have any questions or need additional information, please contact me by phone at 314-702-7555, via e-mail at rburnstein@express-scripts.com, or via fax at 314-702-7120.

Sincerely,

Renee Burnstein
Regulatory Analyst
Legal Department

cc: Glen LaNeve
Gary Sobocinski

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Phoenix Marketing Group, LLC

99 Beaverbrook Road, Lincoln Park, NJ 07035

MN BOARD OF PHARMACY LICENSE NUMBER

361202-6

361201-3

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.)

Karin Marya, MD

Thomas Anthony, MD

ADDRESS OF PRACTITIONER

3366 Oakdale Ave. N., Suite 150
Minneapolis, MN 55422

101 Willmar Ave. SW, Willmar, MN 56201

VALUE OF PAYMENTS

\$20

\$20

TYPE OF PAYMENTS

Honorarium

Honorarium

QUERY NAME MZAPMN
LIBRARY NAME EZQLIB

FILE LIBRARY MEMBER FORMAT
APHSTSH6 AMFLIB APHSTSH6 APHSTSAH
VENNAM AMFLIB VENNAM VENNAMAA

DATE 12/04/03
TIME 10:21:49

AP HISTORY FROM MN VENDORS

qiy=mzapmm

CO NO	PAYMNT DATE	TOT PAYMENT AMOUNT	INVOICE NUMBER	INVOICE DATE	INVOICE DESCRIPTION	VENDOR NUMBER	VENDOR NAME	CITY	STATE CODE
1	103/03/20	1,465.08	4452	103/02/05	CAR 03-111	ACCRA	ACCRAPLY, INC.	PLYMOUTH	MN
1	103/07/22	415.20	6640	103/06/26	THERMAL RI	ACCRA		PLYMOUTH	MN
1	103/05/08	557.01	5292	103/05/03		ACCRA		PLYMOUTH	MN
1	103/07/10	1,881.55	5631	103/04/16	TIMING BEL	ACCRA		PLYMOUTH	MN
1	103/07/30	259.16	6750	103/06/30	ROLLER SPR	ACCRA		PLYMOUTH	MN
	TOTAL	4,578.00							
1	103/03/28	2,277.26	068995-00	103/02/19	1470513	BAUER	BAUER WELDING & ST. PAUL	ST. PAUL	MN
	TOTAL	2,277.26							
1	103/08/27	216.96	473818	103/08/01	1476616	BOKAR	BOKER'S, INC.	MINNEAPOLI	MN
1	103/10/15	413.22	476345	103/09/18	1476771	BOKAR		MINNEAPOLI	MN
	TOTAL	630.18							
1	103/09/12	48.50	1476	103/06/13	ELECTRIC C	CAMDEN	CAMDEN INDUSTRI	MINNEAPOLI	MN
1	103/09/12	48.50	1663	103/08/27	CREDIT INV	CAMDEN		MINNEAPOLI	MN
	TOTAL	97.00							
1	103/05/08	714.00	0000281220	103/04/02		CHARHO	CHARHOUSE LEARN	BURNSVILLE	MN
	TOTAL	714.00							
1	103/01/15	53,785.05	29440	102/12/20	CAR 02-112	CROSST	CROSS TELECOM	EDEN PRAIR	MN
1	103/01/15	53,785.05	29442	102/12/20	CAR 02-112	CROSST		EDEN PRAIR	MN
1	103/01/15	53,785.05	29439	102/12/20	CAR 02-112	CROSST		EDEN PRAIR	MN
1	103/05/08	607.60	31325	103/03/12	PHONE REPA	CROSST		EDEN PRAIR	MN
	TOTAL	161,962.75							
1	103/03/20	114.98	13391896	103/02/10	PANEL MOUN	DIGIKY	DIGIKEY CORP.	THIEF RIVE	MN
1	103/03/20	114.98	13342066	103/01/31	SUPPLIES &	DIGIKY		THIEF RIVE	MN
1	103/04/23	59.12	13584088	103/03/19	RESISTOR/T	DIGIKY		THIEF RIVE	MN
1	103/05/08	229.91	13655799	103/04/02	CONNECTORS	DIGIKY		THIEF RIVE	MN
1	103/05/08	229.91	13675271	103/04/07	CONNECTOR/	DIGIKY		THIEF RIVE	MN
1	103/05/15	103.77	13719508	103/04/15	SUPPLIES &	DIGIKY		THIEF RIVE	MN
1	103/05/15	103.77	13704306	103/04/11	ALUMINUM/R	DIGIKY		THIEF RIVE	MN
1	103/07/15	340.04	14056109	103/06/19	RELAY/CONN	DIGIKY		THIEF RIVE	MN
1	103/07/22	307.07	14092041	103/06/26	MOLDED CAB	DIGIKY		THIEF RIVE	MN
1	103/09/04	555.66	14284238	103/08/05	MATERIALS	DIGIKY		THIEF RIVE	MN
1	103/08/27	138.72	14248332	103/07/29	SUPPLIES &	DIGIKY		THIEF RIVE	MN
1	103/09/16	178.09	14342891	103/08/18	IC SOCKET	DIGIKY		THIEF RIVE	MN
1	103/09/04	555.66	14247678	103/07/29	TOOLS	DIGIKY		THIEF RIVE	MN
1	103/09/16	178.09	14374639	103/08/22	TOGGLE SWI	DIGIKY		THIEF RIVE	MN
1	103/09/23	141.03	14337362	103/08/15	CONNECTORS	DIGIKY		THIEF RIVE	MN

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CO NO	PAYMNT DATE	TOT PAYMENT AMOUNT	INVOICE NUMBER	INVOICE DATE	INVOICE DESCRIPTION	VENDOR NUMBER	VENDOR NAME	CITY	STATE CODE
1	103/10/07	679.29	14463102	103/09/10	CONNECTORS	DIGIKY	DIGIKY CORP.	THIEF RIVE	MN
1	103/10/21	356.60	14548685	103/09/26	TOGGLES	DIGIKY		THIEF RIVE	MN
	TOTAL	4,386.69							
1	103/03/05	1,362.19	CH02/21/03	103/02/21	VC CONFERE	FIDLER	DR. JEFF FIDLER	ROCHESTER	MN
	TOTAL	1,362.19							
1	103/05/30	257.24	304129	102/09/18	TRAVELETTE	GELCOP	GELCO INFORMATI	EDEN PRAIR	MN
1	103/06/12	264.95	307130	103/05/20	JOHN MCINT	GELCOP		EDEN PRAIR	MN
1	103/07/30	1,910.27	307252	103/06/03	TRAVELETTE	GELCOP		EDEN PRAIR	MN
1	103/07/30	1,910.27	015704	103/07/01	TRAVELETTE	GELCOP		EDEN PRAIR	MN
1	103/07/30	1,910.27	307783	103/07/22	TRAVELETTE	GELCOP		EDEN PRAIR	MN
1	103/07/30	1,910.27	307586	103/07/02	TRAVELETTE	GELCOP		EDEN PRAIR	MN
1	103/07/30	1,910.27	015708	103/07/03	TRAVELETTE	GELCOP		EDEN PRAIR	MN
1	103/07/30	1,910.27	307575	103/07/01	TRAVELETTE	GELCOP		EDEN PRAIR	MN
1	103/08/27	1,575.45	307381	103/06/17	D. TARVER-T	GELCOP		EDEN PRAIR	MN
1	103/08/27	1,575.45	307898	103/08/01	TRAVELETTE	GELCOP		EDEN PRAIR	MN
1	103/09/23	1,435.85	308203	103/09/02	TRAVELETTE	GELCOP		EDEN PRAIR	MN
1	103/10/15	1,424.70	308478	103/10/01	TRAVELETTE	GELCOP		EDEN PRAIR	MN
1	103/10/21	20.00	308610	103/10/15	TRAVELETTE	GELCOP		EDEN PRAIR	MN
	TOTAL	18,015.26							
1	103/01/28	1,826.15	305436	102/01/03	TRAVEL LET	GELCOP	GELCO PAYMENT S	EDEN PRAIR	MN
1	103/02/20	2,558.50	015621	103/01/24	TRAVEL LET	GELCOP		EDEN PRAIR	MN
1	103/02/20	2,558.50	305822	103/02/03	TRAVEL LET	GELCOP		EDEN PRAIR	MN
1	103/02/27	20.00	305965	103/02/13	TRAVEL LET	GELCOP		EDEN PRAIR	MN
1	103/03/12	410.30	306074	103/02/21	TRAVEL LET	GELCOP		EDEN PRAIR	MN
1	103/03/12	410.30	306099	103/02/25	TRAVEL LET	GELCOP		EDEN PRAIR	MN
1	103/03/20	529.90	306220	103/03/04	TRAVEL LET	GELCOP		EDEN PRAIR	MN
1	103/04/17	306276	306276	103/03/11	TRAVELETTE	GELCOP		EDEN PRAIR	MN
1	103/04/23	4,433.50	01205439	103/04/01	TRAVELETTE	GELCOP		EDEN PRAIR	MN
1	103/04/23	4,433.50	306520	103/04/01	TRAVELETTE	GELCOP		EDEN PRAIR	MN
1	103/04/23	4,433.50	306453	103/03/26	TRAVELETTE	GELCOP		EDEN PRAIR	MN
1	103/04/23	4,433.50	306480	103/03/28	TRAVELETTE	GELCOP		EDEN PRAIR	MN
1	103/05/23	1,367.60	306886	103/05/01	TRAVELETTE	GELCOP		EDEN PRAIR	MN
	TOTAL	27,945.15							
1	103/01/07	4,489.10	106670	102/09/24	CREDITED I	GENERL	GENERAL PATTERN	BLAINE	MN
1	103/01/07	4,489.10	107742	102/11/25	CREDIT INV	GENERL		BLAINE	MN
1	103/01/23	3,106.00	VS 2121	102/12/30	RTN 147605	GENERL		BLAINE	MN
1	103/01/28	610.50	108060	102/12/26	1476058	GENERL		BLAINE	MN
1	103/02/06	4,988.00	108111	103/01/06	1476030	GENERL		BLAINE	MN
1	103/02/06	4,988.00	108112	103/01/06	1476029	GENERL		BLAINE	MN
1	103/02/14	7,466.50	108325	103/01/14	1476058	GENERL		BLAINE	MN

qry=msapmn

CO NO	PAYMNT DATE	TOT PAYMENT AMOUNT	INVOICE NUMBER	INVOICE DATE	INVOICE DESCRIPTION	VENDOR NUMBER	VENDOR NAME	CITY	STATE CODE
1	103/02/14	7,466.50	108326	103/01/14	1476060	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/02/27	19,304.80	108485	103/01/22	1476041	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/02/27	19,304.80	108486	103/01/22	1476042	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/02/27	19,304.80	108461	103/01/22	68979	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/02/27	19,304.80	108618	103/01/24	1476060	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/02/27	19,304.80	108748	103/01/31	1476030	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/03/28	9,115.60	109175	103/02/24	1476041	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/03/28	9,115.60	109174	103/02/24	1476041	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/03/28	9,115.60	109177	103/02/24	1476029	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/03/20	3,704.00	108993	103/02/12	1476029	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/03/20	3,704.00	108990	103/02/12	1476058	GENERAL	GENERAL PATTERN	BLAINE	MN
	TOTAL	168,882.50							
1	103/04/29	1,932.50	107743	102/11/25	PIVOT JUNC	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/01/23	3,106.00	107978	102/12/17	1476057	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/02/06	4,988.00	108113	103/01/06	1476031	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/02/14	7,466.50	108257	103/01/09	1476035	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/02/14	7,466.50	108258	103/01/09	1476028	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/02/14	7,466.50	108259	103/01/09	1476027	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/02/27	19,304.80	108450	103/01/22	1476059	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/02/27	19,304.80	108724	103/01/30	1476034	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/02/27	19,304.80	108725	103/01/30	1476059	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/02/27	19,304.80	108749	103/01/31	1476035	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/03/28	9,115.60	109176	103/02/24	1476031	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/03/28	9,115.60	108994	103/02/12	1476027	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/03/20	3,704.00	108992	103/02/12	1476034	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/03/20	3,704.00	108991	103/02/12	1476057	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/04/15	4,670.00	109353	103/03/05	SLA LOT CH	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/04/15	4,670.00	109397	103/03/07	1476028	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/04/23	5,804.35	108989	103/02/12	HOUSING/EN	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/04/23	5,804.35	109633	103/03/25	FRONT/REAR	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/04/23	5,804.35	109688	103/03/27	FRONT/REAR	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/05/28	923.10	109970	103/04/11	1476059	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/05/15	2,007.40	109969	103/04/11	1476057	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/05/30	2,007.40	109969	103/04/11	1476057	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/05/28	923.10	109968	103/04/11	1476035	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/04/29	1,932.50	109825	103/04/02	1476028	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/05/28	923.10	109826	103/04/02	1476034	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/04/23	5,804.35	109689	103/03/27	SILK SCREE	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/05/28	923.10	VS 2135	103/03/10	RTN 147605	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/05/28	923.10	VS 2146	103/04/10	RTN 147602	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/05/28	923.10	VS 2154	103/04/24	RTN 147605	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/05/28	923.10	VS 2155	103/04/24	RTN 147605	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/05/28	923.10	VS 2156	103/04/24	RTN 147606	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/06/12	8,579.20	110449	103/05/08	1476031	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/06/12	8,579.20	110482	103/05/12	1476057	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/06/12	8,579.20	110481	103/05/12	1476027	GENERAL	GENERAL PATTERN	BLAINE	MN

qry=mnzappm

CO NO	PAYMNT DATE	TOT PAYMENT AMOUNT	INVOICE NUMBER	INVOICE DATE	INVOICE DESCRIPTION	VENDOR NUMBER	VENDOR NAME	CITY	STATE CODE
1	103/06/12	8,579.20	110571	103/05/15	1476027	GENERAL	GENERAL PATTERN	BLAINE	MN
1	103/06/12	8,579.20	110548	103/05/14	1476059	GENERAL		BLAINE	MN
1	103/07/15	4,503.35	VS2137	103/03/19	RTN 147604	GENERAL		BLAINE	MN
1	103/08/20	1,860.04	VS 2167	103/06/06	RTN 147605	GENERAL		BLAINE	MN
1	103/01/23	3,106.00	107976	102/12/17	1476062	GENERAL		BLAINE	MN
1	103/01/23	3,106.00	107979	102/12/17	1476032	GENERAL		BLAINE	MN
1	103/02/27	19,304.80	108723	103/01/30	1476032	GENERAL		BLAINE	MN
1	103/04/29	1,932.50	109618	103/03/24	1476062	GENERAL		BLAINE	MN
1	103/05/08	5,225.38	108572	103/05/03	03-055	GENERAL		BLAINE	MN
1	103/05/28	923.10	110263	103/04/28	1476032	GENERAL		BLAINE	MN
1	103/06/18	2,258.70	110742	103/05/23	1476062	GENERAL		BLAINE	MN
1	103/06/18	2,258.70	110706	103/05/22	1476062	GENERAL		BLAINE	MN
1	103/06/25	1,291.50	110779	103/05/27	1476062	GENERAL		BLAINE	MN
1	103/06/25	1,291.50	110881	103/05/30	1476062	GENERAL		BLAINE	MN
1	103/06/25	1,291.50	110857	103/05/29	1476062	GENERAL		BLAINE	MN
1	103/07/15	4,503.35	111192	103/06/17	ENCLOSURE/	GENERAL		BLAINE	MN
1	103/08/07	1,544.98	111518	103/07/08	1476032	GENERAL		BLAINE	MN
1	103/09/12	4,352.75	112205	103/08/08	1476032	GENERAL		BLAINE	MN
1	103/09/12	4,352.75	VS2177	103/08/28	RTN 147603	GENERAL		BLAINE	MN
1	103/09/12	4,352.75	VS2178	103/08/28	RTN 147602	GENERAL		BLAINE	MN
1	103/09/12	3,106.00	107977	102/12/17	1476061	GENERAL		BLAINE	MN
1	103/02/14	7,466.50	108327	103/01/14	1476061	GENERAL		BLAINE	MN
1	103/02/27	19,304.80	108487	103/01/22	1476033	GENERAL		BLAINE	MN
1	103/02/27	19,304.80	108617	103/01/24	1476033	GENERAL		BLAINE	MN
1	103/03/28	9,115.60	109173	103/02/24	1476061	GENERAL		BLAINE	MN
1	103/04/23	5,804.35	109619	103/03/24	1476061	GENERAL		BLAINE	MN
1	103/04/29	1,932.50	104463	102/05/29	RMA 2185	GENERAL		BLAINE	MN
1	103/10/01	1,016.16	109323	103/03/03	SYRINGE CL	GENERAL		BLAINE	MN
1	103/10/01	1,016.16	113006	103/09/18	SYRINGE CL	GENERAL		BLAINE	MN
1	103/10/01	1,016.16	113005	103/09/18	SYRINGE CL	GENERAL		BLAINE	MN
	TOTAL	360,612.58							
1	103/07/15	1,500.00	KB07/08/03	103/07/08	HONORARIUM	SNYDE	GREGORY B. SMYD	ST. LOUIS	MN
	TOTAL	1,500.00					SNYDE	ST. LOUIS	MN

emp lawyer

1	103/02/01	292.40	JP1/25/03	103/01/25	EXPENSES	JPETER	JULIE PETERSON	EDEN PRAIR	MN
1	103/02/01	547.90	JP1/18/03	103/01/18	EXPENSES	JPETER		EDEN PRAIR	MN
1	103/02/01	42.47	JP1/11/03	103/01/11	EXPENSES	JPETER		EDEN PRAIR	MN
1	103/03/01	884.93	JP2/1/03	103/02/01	EXPENSES	JPETER		EDEN PRAIR	MN
1	103/03/01	431.84	JP02/15/03	103/02/15	EXPENSES	JPETER		EDEN PRAIR	MN
1	103/03/01	243.53	JP02/22/03	103/02/22	EXPENSES	JPETER		EDEN PRAIR	MN
1	103/03/01	549.68	JP02/08/03	103/02/08	EXPENSES	JPETER		EDEN PRAIR	MN
1	103/03/01	358.40	JP03/01/03	103/03/01	EXPENSES	JPETER		EDEN PRAIR	MN
1	103/03/29	85.32	03/15/03	103/03/15	EXPENSES	JPETER		EDEN PRAIR	MN
1	103/03/29	393.97	JP03/08/03	103/03/08	EXPENSE W/	JPETER		EDEN PRAIR	MN
1	103/03/29	328.57	JP03/22/03	103/03/22	EXPENSES	JPETER		EDEN PRAIR	MN

city=mn:apmn

CO NO	PAYMNT DATE	TOT PAYMENT AMOUNT	INVOICE NUMBER	INVOICE DATE	INVOICE DESCRIPTION	VENDOR NUMBER	VENDOR NAME	CITY	STATE CODE
1	103/03/29	435.48	JP03/29/03	103/03/29	EXPENSE W/	JPETER	JULIE PETERSON	EDEN PRAIR	MN
1	103/05/03	239.81	JP04/05/03	103/04/05	EXPENSES	JPETER		EDEN PRAIR	MN
1	103/05/03	369.42	JP04/12/03	103/04/12	EXPENSE W/	JPETER		EDEN PRAIR	MN
1	103/05/03	139.38	JP04/19/03	103/04/19	EXPENSE W/	JPETER		EDEN PRAIR	MN
1	103/05/03	187.24	JP04/26/03	103/04/26	EXPENSE W/	JPETER		EDEN PRAIR	MN
1	103/05/31	72.75	JP05/03/03	103/05/03	EXPENSES	JPETER		EDEN PRAIR	MN
1	103/05/31	652.56	JP05/10/03	103/05/10	EXPENSES	JPETER		EDEN PRAIR	MN
1	103/05/31	77.95	JP05/31/03	103/05/31	EXPENSES	JPETER		EDEN PRAIR	MN
1	103/05/31	278.58	JP05/24/03	103/05/24	EXPENSES	JPETER		EDEN PRAIR	MN
1	103/06/28	32.27	JP06/07/03	103/06/07	EXPENSES	JPETER		EDEN PRAIR	MN
1	103/06/28	210.74	JP06/14/03	103/06/14	EXPENSES	JPETER		EDEN PRAIR	MN
1	103/06/28	256.40	JP06/21/03	103/06/21	EXPENSES	JPETER		EDEN PRAIR	MN
1	103/06/28	64.87	JP06/28/03	103/06/28	EXPENSES	JPETER		EDEN PRAIR	MN
1	103/08/20	197.11	JP07/05/03	103/07/05	FINAL EXP.	JPETER		EDEN PRAIR	MN
	TOTAL	7,373.57							
1	103/03/28	3,200.00	JP03/21/03	103/03/21	JAN 09, 20	MAYOF	MAYO FOUNDATION	ROCHESTER	MN
	TOTAL	3,200.00							
1	103/04/23	180.00	KC04/04/03	103/04/04	PERMIT RENEWAL	MINNBR	MINNESOTA BOARD	MINNEAPOLI	MN
	TOTAL	180.00							
1	103/01/17	950.00	BC01/08/03	103/01/08	SALES TAX	MNDEPT	MINNESOTA DEPT	ST PAUL	MN
1	103/04/17	1,476.00	BC04/08/03	103/04/08	SALES TAX	MNDEPT		ST PAUL	MN
1	103/08/02	610.00	BC07/18/03	103/07/18	SALES TAX	MNDEPT		ST PAUL	MN
1	103/10/15	388.00	BC10/08/03	103/10/08	SALES TAX	MNDEPT		ST PAUL	MN
	TOTAL	3,424.00							
1	103/11/01	809.07	SH10/04/03	103/11/04	EXPENSES	HOEHNE	SALLY ANN HOEHN	MINNETONKA	MN
1	103/11/01	557.19	SH10/18/03	103/10/18	EXPENSES	HOEHNE		MINNETONKA	MN
1	103/11/01	759.24	SH10/11/03	103/10/11	EXPENSES	HOEHNE		MINNETONKA	MN
	TOTAL	2,125.50							
1	103/01/15	250.00	JG01/09/03	103/01/09	B. SCHRECK	SCBTMR	SCBT/MR	ROCHESTER	MN
	TOTAL	250.00							
1	103/03/05	9,850.00	ST02/27/03	103/02/27	PROPOSAL	SOPHEO	SOPHEON	MINNEAPOLI	MN
	TOTAL	9,850.00							
1	103/01/15	56,100.00	1296	102/11/25	6520	VITAL	VITAL IMAGES	PLYMOUTH,	MN
1	103/01/15	56,100.00	1297	102/11/25	6520	VITAL	VITAL	PLYMOUTH,	MN

employee

employee

Subcontractor

qry=mzspmm

CO NO	PAYMNT DATE	TOT PAYMENT AMOUNT	INVOICE NUMBER	INVOICE DATE	INVOICE DESCRIPTION	VENDOR NUMBER	VENDOR NAME	CITY	STATE CODE
1	103/03/10	28,050.00	1345	102/12/26	6520	VITAL	VITAL IMAGES	PLYMOUTH,	MN
	TOTAL	140,250.00							
1	103/06/04	*****	CA05/15/03	103/05/15	VITAL IMAG	VITAL	VITAL IMAGES, I	PLYMOUTH,	MN
	TOTAL	280,000.00							
1	103/01/07	453.54	803324310	102/12/06	HANDBOOK/C	WESGRO	WEST GROUP	ST PAUL	MN
1	103/01/28	341.76	803545826	103/01/06	TRADE SECR	WESGRO	ST PAUL	ST PAUL	MN
1	103/07/22	560.42	804509327	103/06/06	TRADE SECR	WESGRO	ST PAUL	ST PAUL	MN
1	103/07/22	560.42	804510203	103/06/06	F&D ADMIN.	WESGRO	ST PAUL	ST PAUL	MN
	TOTAL	1,916.14							

FINAL TOTALS

TOTAL 1,201,532.77

*** END OF REPORT ***

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Home Medical Products and Services

1285 Pokagon Ave S Grand Rapids MN

MN BOARD OF PHARMACY LICENSE NUMBER

460119-1

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

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	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
Healthworks Home Medical, Inc	114 S.E. 5th St. W. Mpls. MN 55414	361384-7	None			RECEIVED AT FEB 18 2004 MINNESOTA BOARD OF PHARMACY
<p>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.</p>						



111 Coolidge Street, South Plainfield, New Jersey 07080-3895

Executive Office: (908) 753-2000 • Fax: (908) 753-1587

RECEIVED AT
NOV 24 2003
MINNESOTA BOARD
OF PHARMACY

November 19, 2003

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

Dear Mr. Holmstrom:

Enclosed is our annual report indicating that no payments, honoraria, reimbursement, and other compensation were paid to licensed practitioners in Minnesota during 2003.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Stephen C. Greene', written over a white background.

Stephen C. Greene
Vice President, Administration &
General Counsel

en/SCG

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Greenstone Limited

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

100 Route 206N, Peapack NJ 07977

MN BOARD OF PHARMACY LICENSE NUMBER

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

NAME OF PRACTITIONER

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

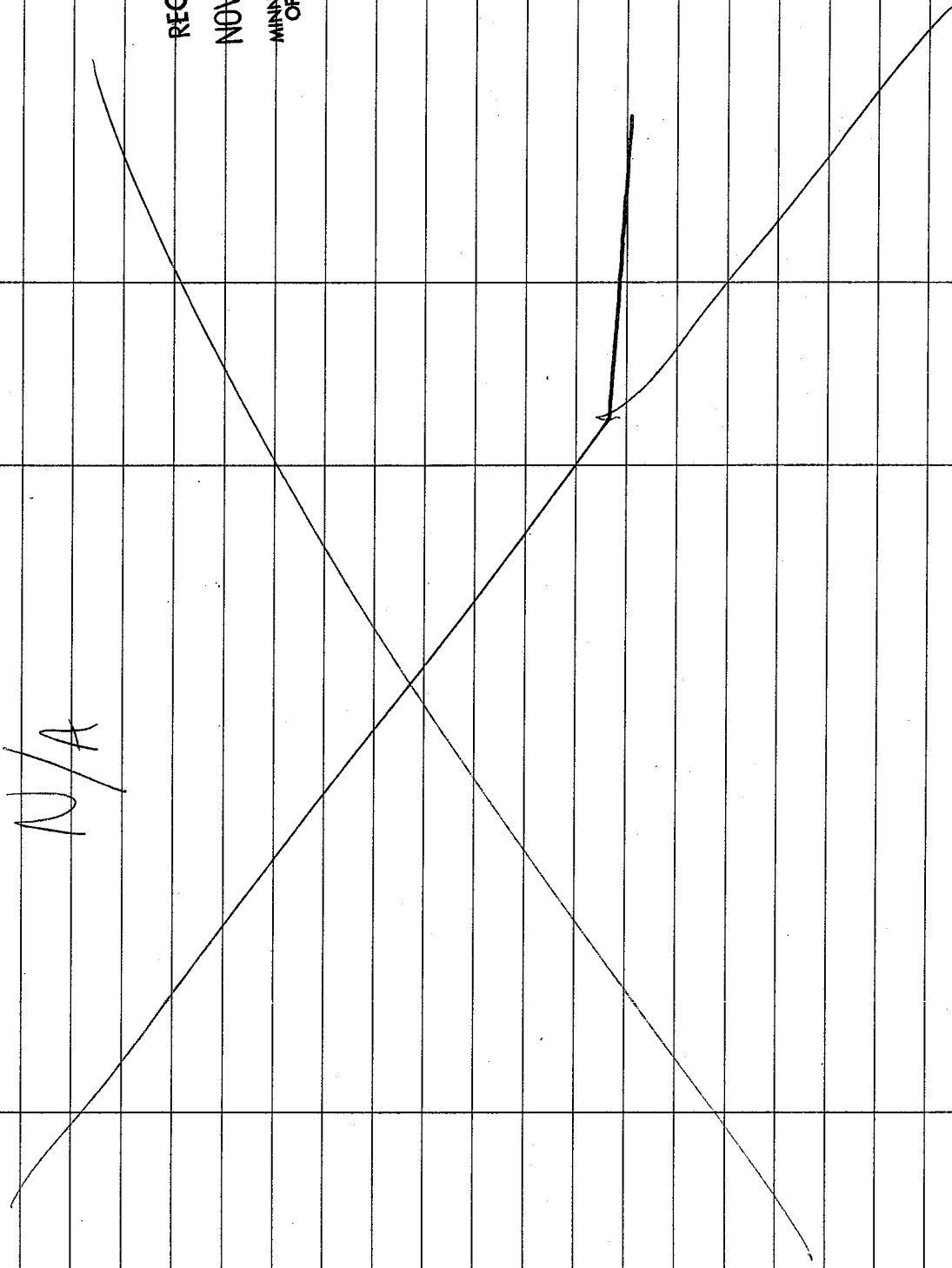
ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

N/A

RECEIVED AT
NOV 24 2003
MINNESOTA BOARD
OF PHARMACY



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER: **Jacobson Warehouse Co.**
 ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER: **1610 S.E. Cortina Ankeny, IA 50021**
 MN BOARD OF PHARMACY LICENSE NUMBER: **361147-0**

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$1000 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
- NONE -			

RECEIVED AT
 NOV 24 2003
 MINNESOTA BOARD
 OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Jacobson Warehouse Co

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

4148 DELP ST

MEMPHIS, TN 38118

MN BOARD OF PHARMACY LICENSE NUMBER

361376-6

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 TOTALING \$1000 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
None -			
			RECEIVED AT
			DEC 18 2003
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

F.C.S.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

5051 Commerce Crossings Dr., Louisville, Ky 40209

MN BOARD OF PHARMACY LICENSE NUMBER

360833-1

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

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

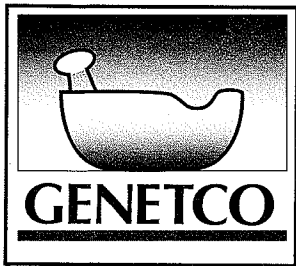
TYPE OF PAYMENTS

No Activity

RECEIVED AT

DEC 01 2003

MINNESOTA BOARD OF PHARMACY



RECEIVED AT
DEC 01 2003
MINNESOTA BOARD
OF PHARMACY

**"Your Full-Line
Generic Distributor"**

November 24, 2003

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

Subject: GIFTS TO PRACTITIONERS

Dear Sirs:

As required by the state of Minnesota, Genetco, Inc., 711 Union Parkway, Ronkonkoma, NY 11779 does have several accounts with Practitioners in Minnesota, and has not made any payments to Practitioners in Minnesota totaling \$100 or more in 2003.

Thank you for your attention to the above matter.

Very truly yours,

Carol A. Reinbold
President

CAR/tl
Enc.

711 Union Parkway
Ronkonkoma, New York 11779

631-585-1000

FAX: 631-585-1289

1-800-969-8007

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS 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 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
Gulfco Pharmaceuticals Inc	6611 Tributary Street Baltimore MD 21224	361072-7		NO MINNESOTA practitioners received any payments in 2003			
NO PAY 12/22/03							
RECEIVED AI DEC 26 2003 MINNESOTA BOARD OF PHARMACY							

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER
Granite City Topping Co Inc

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

2731 Clearwater Rd St Cloud MN 56301

MIN BOARD OF PHARMACY LICENSE NUMBER

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
No activity to Report			
			RECEIVED AT NOV 18 2003 MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG-DISTRIBUTOR/MANUFACTURER

Galaxy Consumer Products, Inc.

MN BOARD OF PHARMACY LICENSE NUMBER

361377-9

ADDRESS OF WHOLESALER DRUG-DISTRIBUTOR/MANUFACTURER

7268 Commerce Circle East Farkley, MN 55432

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
<i>Not applicable, we are not a physician, vet or doctor</i>	<i>We are a distributor of a variety of products +</i>		<i>Assistant</i>
<i>+ alcohol.</i>			<i>Sell Sterile vials</i>
<i>Franklin</i>			
<i>Lee M. Fields</i>			
<i>Galaxy</i>			

RECEIVED AT
NOV 17 2003
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS 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
Southern Anesthesia Surgical, Inc.	One Southern Court W. Cole SC 29169					
MN BOARD OF PHARMACY LICENSE NUMBER 360273-5						
REMAINDER OF TABLE IS BLANK						

RECEIVED AT

MAR 25 2004

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (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	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
STEUART & ARMSTRONG CONSULTING, INC.	2440 ST PAUL ROAD OWATONNA, MN 55060		359862-9			
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)						
NONE						RECEIVED AT
						NOV 20 2003
						MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

St. James Health Services FMC

1257 6th Ave So

St. James MN 56081

MN BOARD OF PHARMACY LICENSE NUMBER

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

360454-2

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NO

REPORTABLE ACTIVITY

Paul Winklerbill

Director of Pharmacy

RECEIVED AT

NOV 20 2003

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Schering-Plough Animal Health

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

5325 Fulton Industrial Blvd Atlanta GA 30336

MN BOARD OF PHARMACY LICENSE NUMBER

360766-2

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
	no activity		