



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER  
UNIVERSITY OF MINNESOTA

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER  
501 23rd Ave SE Mpls MN 55455

MN BOARD OF PHARMACY LICENSE NUMBER  
361261-5

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$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 18 2003
			MINNESOTA BOARD OF PHARMACY



UNIMED-MIDWEST, INC.

218 River Ridge Circle • Burnsville, MN 55337 • (800) 347-9023 • (952) 895-5030 • Fax: (952) 895-1934

RECEIVED AT  
NOV 18 2003  
MINNESOTA BOARD  
OF PHARMACY

November 17, 2003

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

RE: Gifts to Practitioners

Enclosed please find our form pertaining to payments, honoraria, reimbursement and other compensation paid to licensed practitioners in Minnesota. Unimed-Midwest, Inc. is a medical distributor and only sells to state and county government facilities, primarily health service departments within correctional facilities. We do not conduct business with individual or group practitioners and have not provided any payments, honoraria, reimbursement or other compensation to licensed practitioners.

Please feel free to contact me at 952-895-5030 if you have any questions.

Sincerely,

Joan Knipe  
President  
Unimed-Midwest, Inc.

JK:sc

Encl.





NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Univar USA Inc. - St. Paul

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

845 Terrace Ct. - St. Paul, MN 55101-4237

MN 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 TOTTALLING \$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 to Practitioners

during the Calendar year 2003

RECEIVED AT

MAR 18 2004

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

LPS Supply Chain Solutions, Inc.

11698 San Marino Rancho Cucamonga, CA 91730

MIN BOARD OF PHARMACY LICENSE NUMBER

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

360201-0

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Nothing to Report

RECEIVED AT

DEC 04 2003

MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

UPS Supply Chain Solutions, Inc.

MIN BOARD OF PHARMACY LICENSE NUMBER  
360108-2

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

222 Lake Dr. Newark, DE 19702

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
<i>Nothing to Report</i>			
			RECEIVED AT
			DEC 0 4 2003
			MINNESOTA BOARD OF PHARMACY



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

LPS Supply Chain Solutions, Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

3195 N. Lanier Parkway Decatur GA 30034

MIN BOARD OF PHARMACY LICENSE NUMBER

360202-3

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OR OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS 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
Nothing to Report			RECEIVED AT
			DEC 0 4 2003
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

*LPS Supply Chain Solutions, Inc.*

MIN BOARD OF PHARMACY LICENSE NUMBER

*361075-6*

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

*8001 Cane Run Rd. Louisville, KY 40258*

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.)

*Nothing to Report*

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 04 2003

MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

UPS Supply Chain Solutions, Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

401 Quality Circle Harrisburg Pa 17112

MIN BOARD OF PHARMACY LICENSE NUMBER

361181-0

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 \$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.)

Nothing to Report

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 0 4 2003

MINNESOTA BOARD OF PHARMACY



NAME OF WHOLESALER MIN BOARD OF PHARMACY LICENSE NUMBER	ADDRESS OF WHOLESALER	ADDRESS OF DISTRIBUTOR/MANUFACTURER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
LPS Supply Chain Solutions, Inc. 361045-5	13501 Independence Parkway ft. Worth TX. 76177		Nothing to Report			
						RECEIVED AT
						DEC 04 2003
						MINNESOTA BOARD OF PHARMACY

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 WHOLESale DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESale DRUG DISTRIBUTOR/MANUFACTURER

UNIVERSAL LABORATORIES, INC

200 W BEAVER ST/PO BOX 89 BELLE PLAINE, MN 56011

MN BOARD OF PHARMACY LICENSE NUMBER

460012-1

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 REPORTABLE ACTIVITY

**RECEIVED AT**  
**JAN 30 2004**  
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 TOTALLING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	Mn. 56093
Mn BOARD OF PHARMACY LICENSE NUMBER	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
United Feeds Inc. 405433-7	310 2nd Ave S.W. Waseca		
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)			
No Reportable Activity			

RECEIVED AT  
 NOV 18 2003  
 MINNESOTA BOARD  
 OF PHARMACY

None to be reported

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

United Research Laboratories

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1100 Orthodox St. Phila, PA. 19124

MN BOARD OF PHARMACY LICENSE NUMBER

361059-4

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

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ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

NOV 24 2003

MINNESOTA BOARD  
OF PHARMACY



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Universal Rx Solutions of NJ, Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Courtschurst Road, complex  
Franklin, NJ 07016

MN BOARD OF PHARMACY LICENSE NUMBER

360922-0

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 \$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.)

MA

ADDRESS OF PRACTITIONER

MA

VALUE OF  
PAYMENTS

MA

TYPE OF PAYMENTS

N/A

RECEIVED AT  
NOV 24 2003  
MINNESOTA BOARD  
OF PHARMACY





56470

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ULMER PHARMACAL  
MN BOARD OF PHARMACY LICENSE NUMBER

1614 INDUSTRY AVENUE PO BOX 408 PACE RAPIDS, 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 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			
	<i>HL</i>	<i>Tubelan</i>	

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MIN BOARD OF PHARMACY LICENSE NUMBER

113136-3

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.)

Richard W. Seeger RPh

ADDRESS OF PRACTITIONER

309 Bothineau Ave NW Red Lake Falls, MN 56750  
Manager - Thrifty White Drug  
Crookston, MN 56707  
218-253-4471 (Home)

VALUE OF PAYMENTS

0

TYPE OF PAYMENTS

RECEIVED AT  
MAY 6 2004

MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

113154-1

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 \$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.)

Barbara A. Seeger RPh

ADDRESS OF PRACTITIONER

309 Bothineau Ave NW Red Lake Falls  
MN 56750  
Pamida Pharmacy, Thief River Falls  
218-253-4471 (Home)

VALUE OF PAYMENTS

0

TYPE OF PAYMENTS

RECEIVED AT

MAY 6 2004

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

TRANSKARYOTIC THERAPIES, INC.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

205 AVEUSIFE BROOK PARKWAY  
CAMBRIDGE, MA 02138

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 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

No reportable gifts

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT  
DEC 01 2003  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER  
**Tiro Industries, LLC**

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

MIN BOARD OF PHARMACY LICENSE NUMBER  
**460118-8**

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





**Administrative Offices:**

TEVA PHARMACEUTICALS USA  
1090 Horsham Road, PO Box 1090  
North Wales, PA 19454-1090

Phone: (215) 591 3000

FAX: (215) 591 8600

December 11, 2003

Minnesota Board of Pharmacy  
2829 University Avenue Southeast  
Suite 530  
Minnesota, MN 55414-3251  
Attn: David Holmstrom

RECEIVED AT  
DEC 15 2003  
MINNESOTA BOARD  
OF PHARMACY

Dear Mr. Holmstrom:

In response to your November 12, 2003 letter, please be advised that to the best of our knowledge during 2003, no compensation was paid by or will be paid by either Teva USA or Gate personnel to any particular licensed practitioner s located in the State of Minnesota for amounts totaling \$100 or more.

Sincerely,

John Wodarczyk, CPA  
Associate Director, Customer Operations  
Teva USA  
215-591-3021

Endorsement of the attached instrument shall constitute Payee's acknowledgement of its obligation to report the discount and/or rebate for each indicated product, paid in accordance with the terms of the contract applicable to that product effective as of the date of sale, as required in charges, claims, and reports made to Medicare, Medicaid, and in accordance with applicable federal and state laws, including 42 U.S.C. 1320a-7b and the regulations promulgated thereunder and Payee's agreement that Payor has informed Payee of its statutory and regulatory disclosure and reporting obligations.



Taro Pharmaceuticals U.S.A., Inc.

January 2, 2004

**VIA FEDEX**

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

RECEIVED AT  
DEC 15 2003  
MINNESOTA BOARD  
OF PHARMACY

Re: **Gift to Practitioners**

Dear Mr. Holmstrom:

Please find enclosed a completed "Gifts to Practitioners" form for Taro Pharmaceuticals U.S.A., Inc., indicating that no compensation has been paid to licensed practitioners in Minnesota during the calendar year 2003.

You can reach me at 914-345-9001, extension 6294, if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Tanya J. Dobash". The signature is fluid and cursive.

Tanya J. Dobash  
Vice President, Senior Counsel

Enclosure

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Taro Pharmaceuticals U.S.A., Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

5 Skyline Dr., Hawthorne, NY 10532

MN BOARD OF PHARMACY LICENSE NUMBER

366314-3

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			
	RECEIVED AT DEC 15 2003 MINNESOTA BOARD OF PHARMACY		

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

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

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

FS

Patent Fee

NO

RPFF

TRUMAN DRUG  
TRUMAN MN 56088  
NABP #2408866  
507.776-4961  
trumandr@rconnect.com

TRUMAN DRUG  
TRUMAN MN 56088  
NABP #2408866  
507.776-4961  
trumandr@rconnect.com



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Twin City Oxygen

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

305 2nd St NW Suite 125

55112

MN BOARD OF PHARMACY LICENSE NUMBER

360575-8

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 TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

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			RECEIVED AT
			NOV 20 2003
			MINNESOTA BOARD OF PHARMACY

*[Handwritten signature]*

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

TWIN CITY OXYGEN

MN BOARD OF PHARMACY LICENSE NUMBER

459941-0

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

305 2ND ST NW

NEW BRISTOL NH 05512

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.

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A. J. M.			RECEIVED AT
			NOV 20 2003 MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

TRIPLEFIN  
361003-1

6000 CREEK RD, CINCINNATI, OH 45248

MN 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 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

DEC 01 2003

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

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

November 19, 2003

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NOV 24 2003  
MINNESOTA BOARD  
OF PHARMACY

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 2003, 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 II

Enclosure