

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

Handwritten signature

None



906 South Atlantic, ~~St. Louis~~
Hallowell, MN 56728



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

PRAXAIR Inc
MN BOARD OF PHARMACY LICENSE NUMBER
405933-2

11499 Courthouse Blvd, Tower Grove Heights, MN
STOP

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (9), 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

Handwritten signature: J. M. [unclear]
Handwritten note: page 17-2004

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Capitol Pharmacy Inc

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

580 Rice Street St Paul 55103

MINN BOARD OF PHARMACY LICENSE NUMBER

360589-7

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 \$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

~~North
Minnesota
F. J. Anderson~~

RECEIVED AT
NOV 23 2004
MINNESOTA BOARD
OF PHARMACY

| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | |
|---|--|------------------|
| MN BOARD OF PHARMACY LICENSE NUMBER 360617-1 | 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.) | ADDRESS OF PRACTITIONER | TYPE OF PAYMENTS |
| | | |
| Acme is neither a manufacturer or distributor of medication. | | |
| Acme is the end user for its patients. | | |
| No gifts are received. | | |
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101 Willmar Avenue SW
Willmar, MN 562

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MINN BOARD OF PHARMACY LICENSE NUMBER

360617-1

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.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Acme is neither a manufacturer or distributor of medications.
Acme is the end user for its patients.
No gifts are received.

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

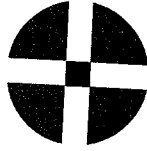
NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Handwritten signature



Glencoe Regional Health Services

705 East 18th Street - Glencoe, MN 55336-1499

Address service requested



RECEIVED AT

MAR 25 2005

MINNESOTA BOARD
OF PHARMACY

March 24, 2005

David E. Holmstrom, R.Ph., J.D.
Executive Director
Minnesota Board of Pharmacy
2829 University Avenue Southeast
Suite 530
Minneapolis, MN 55414-3251
Phone: (612) 617-2201

SUBJECT: Payments to Minnesota Practitioners in 2004

Dear Mr. Holmstrom:

In compliance with Orphan Medical submits this annual report identifying all payments, honoraria, reimbursement, and other compensation authorized under Minnesota Statute §151.461, clauses (3) to (5), paid to any practitioner licensed in Minnesota, having a total value of \$100 or more.

Orphan Medical, Inc. submits the attached form that identifies the nature and value of any authorized payments totaling \$100 or more, to a particular Minnesota practitioner during the year, if any. In 2004, there were no payments, honoraria, reimbursement, or other compensation paid to practitioners that fit into this category.

Please contact me, should you have any questions or concerns.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Carol Curme".

Carol Curme, J.D., R.A.C.
Senior Manager of Regulatory Affairs
(952) 513-6974

cc: Dayton T. Reardan, Ph.D., R.A.C., Vice-President of Regulatory Affairs

CONFIDENTIAL
Orphan Medical, Inc.

| NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER Orphan Medical, Inc. | ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER 13911 Ridgedale Drive, Suite 250, Minnetonka, MN 55305 |
|--|---|
| MN BOARD OF PHARMACY LICENSE NUMBER 460044-8 | 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 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 |
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April 14, 2005

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

RE: Gifts to Practitioners

Dear Sir or Madam:

Enclosed is the 2005 annual report identifying all payments, honoraria, reimbursement, and other compensation paid to licensed practitioners in Minnesota during the preceding year. Please accept this letter as confirmation that ETHEX Corporation did not engage in any reportable activity.

Sincerely,

Philip Vogt
President

Enclosures



RECEIVED AT
DEC 02 2004
MINNESOTA BOARD
OF PHARMACY

November 29, 2004

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

RE: Gifts to Practitioners

Dear Sir or Madam:

Enclosed is a copy of recent correspondence sent to ETHEX Corporation by the Minnesota Board of Pharmacy. In response to your request for an annual report of compensation paid to licensed practitioners in the State of Minnesota during 2004, please accept this letter as confirmation that ETHEX Corporation did not engage in any reportable activity.

Sincerely,

Philip Vogt
President

Enclosures

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

N/A



AmerisourceBergen

AmerisourceBergen Corporation
172 Cahaba Valley Parkway
Pelham, AL 35124

RECEIVED AT
DEC 06 2004
MINNESOTA BOARD
OF PHARMACY

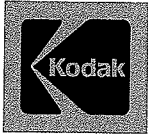
NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
American Pharmaceutical Partners, Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
1501 Woodfield Dr. E., #300 EAST, Schaumburg, IL 60173

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, FORBARRA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 144.01, CLAUSES (2) 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 <small>Please include designation (i.e., MD, etc.)</small> | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|--|---|--------------------|--------------------|
| <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> | <i>[Signature]</i> |
| | <i>WE ARE A GENERIC MANUFACTURER.</i> | | |
| | <i>NOTHING TO REPORT FOR THIS.</i> | | |
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| | <i>David Wilson</i> | | |
| | <i>American Pharmaceutical Partners</i> | | |
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RECEIVED AT
DEC 07 2004
STATE BOARD OF PHARMACY
MINNESOTA



December 9, 2004

RECEIVED AT
DEC 13 2004
MINNESOTA BOARD
OF PHARMACY

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

Dear Mr. Holmstrom:

Subject: Gifts to Practitioners

In response to your enclosed memorandum dated November 9, 2004, I wish to inform you that the Eastman Kodak Dental Business has made no payments in the form of honorariums, reimbursements, or other compensation to Practitioners during 2004

Please do not hesitate to contact me if you have any questions and/or concerns.

Sincerely,

Cynthia A. Gayden CPS/CAP
License Coordinator, WW Regulatory Affairs
Health Imaging Division

/cag
585-781-5017
Enclosure

December 10, 2004

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


RECEIVED AT
DEC 13 2004
MINNESOTA BOARD
OF PHARMACY

Dear Mr. Holmstrom,

Attached is a copy of the completed Gifts to Practitioners form for 2004. We have no reportable activity.

If you have any questions, please contact me at my direct number: 952-939-6405.

Best regards,



Sylvia L. Gubbe
Compliance Programs Manager

Encl.

Sg/MNPharmacy Board/Report for 2003.doc



2060 Ninth Avenue
Ronkonkoma, NY 11769-6279
Tele: 631-439-2000 ext 2174
Fax: 631-439-2133
E-mail: drew@qkrx.com

December 10, 2004

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

RECEIVED AT
DEC 13 2004
MINNESOTA BOARD
OF PHARMACY

Dear Sir or Madam:

We are returning the report requesting us to list all payments, honoraria, reimbursement, and any other compensation paid to licensed practitioners in Minnesota during the preceding calendar year. There were no payments made.

Sincerely,

Drew Mallis
A/P Manager

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

QK HEALTHCARE, INC.

2060 9th AVE. RONKONKOMA, NY. 11779

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 (6), 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.

MN BOARD OF PHARMACY LICENSE NUMBER

360982-2

| NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|-------------------------|-------------------|------------------|
| None | | | |
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DATE: November 9, 2004

TO : Legal Affairs Department
Minnesota Licensed Drug Wholesalers
Minnesota Licensed Drug Manufacturers

RECEIVED AT
DEC 15 2004
MINNESOTA BOARD
OF PHARMACY

FROM : David E. Holmstrom
Executive Director

PHONE : (612) 617-2201 - Hearing/Speech Relay Metro: 297-5353
FAX : (612) 617-2212 - Hearing/Speech Relay Non-Metro: 1-800-627-3529

SUBJECT : **Gifts to Practitioners**

The 1993 Minnesota Legislature passed a bill requiring each "wholesale drug distributor" to file, with the Board of Pharmacy, an annual report identifying all payments, honoraria, reimbursement, and other compensation paid to licensed practitioners in Minnesota during the preceding calendar year. The report requires companies to identify the nature and value of any payments, totaling \$100 or more, to a particular practitioner during the year. Enclosed is a copy of the form we will be using to collect this information. Please complete this form and return it to us at your earliest convenience. Please return the form, even if you had no reportable activity, to:

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

All drug wholesalers and drug manufacturers, doing business in Minnesota, began keeping track of these types of disbursements, effective January 1, 1994. While no specific date is found in the statutes, reports are to be filed early each year, covering disbursements made in calendar year 2004.

Your cooperation is greatly appreciated.

DEH:pe

AmerisourceBergen
Orlando - B

No Gifts to report

Eric D. Smith
Compliance Coordinator


AmerisourceBergen

2702 Directors Row
Orlando, FL 32809
Phone 407.855.2889 Ext. 2504
PhoneMail 800-545-6236 x2504
esmith@amerisourcebergen.com

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Mayo Clinic Pharmacy Distribution Center

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Mayo Foundation for Medical Education and Research

21 Second Street SW, Rochester, MN 55902

MN BOARD OF PHARMACY LICENSE NUMBER

360139-6

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

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NO PAYMENTS WERE MADE

RECEIVED AT

DEC 16 2004

MINNESOTA BOARD OF PHARMACY

[Handwritten Signature]

Gerald A. Christenson, R.Ph.

Pharmacy Manager

Airgas*Fax Cover Sheet*

Airgas North Central, Inc.
<http://www.airgas.com>

DATE: January 3, 2005

TO: David E. Holmstrom, Executive Director, Minnesota Board of
Pharmacy

FAX Number: 612-617-2212

FROM: Cindy Lusk

FAX NUMBER: 630-639-5104

PHONE NUMBER: 630-231-9260 Ext. 151

**TOTAL PAGES INCLUDING
COVER SHEET:** 3

COMMENTS:

*****CONFIDENTIALITY NOTE*****

The documents accompanying this fax transmission contain information that is confidential. The information is intended only for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this faxed information is strictly prohibited, and that the documents should be returned to this company immediately. If you have received this in error, please notify us by telephone immediately at the phone number above so that we may arrange for the return of the original documents to us at no cost to you.

| NAME OF WHOLESALE DRUG DISTRIBUTOR/ MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/ MANUFACTURER | |
|--|---|------------------|
| NAME OF PHARMACY LICENSE NUMBER | ADDRESS OF PRACTITIONER | TYPE OF PAYMENTS |
| 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 (2) 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 <small>Please include designation (i.e., MD, etc.)</small> | VALUE OF PAYMENTS | |
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PAGE 03 SAFETY COMPLIANCE 6306395104 12:10 01/03/2005

Bimeda

From: Paul Rice

Date: January 3, 2005

To: David Holmstrom, Board of Pharmacy

cc: Jeff Hancock

Subject: Gifts to Practitioners

Dear Mr Holmstrom,

We received and have completed the form for reporting gifts to practitioners. The form is attached for your review.

The Bimeda facility in Le Sueur is dedicated to the production of veterinary pharmaceuticals. The distribution channels rarely involve pharmacists. The exception is in some rural towns where OTC veterinary pharmaceutical products may be displayed.

This facility has not dispersed any gifts (as defined) to pharmacists totaling \$ 100 or more.

Sincerely,



Paul Rice, R Ph.
License # 112860-6
(507) 665 3316 ext 35

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Bimeda Inc.

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

291 Forest Prairie Road, Le Sueur MN 56058

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

No gifts over \$100 given to pharmacists in 2004. ~~PAID~~
1/3/05



January 03, 2005

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

Re: Gifts to Practitioners

To Whom It May Concern:

In response to your letter regarding gifts to practitioners, Merz Pharmaceuticals, LLC has nothing to report. We do not have sales representatives or any business activities (other than sales to pharmaceutical wholesalers) in the state of Minnesota.

If you need any additional information, you may contact me at (336) 851-3318.

Respectfully,

Tammy Overcash, CPA
Controller

/tko



5 January 2005

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

RE: 2004 Gifts to Practitioners Report

Dear Mr. Holmstrom,

In response to the attached memo we received from your office, Dey, L.P. has no reportable activities for the calendar year 2004.

If you have any questions or need additional information, please do not hesitate to call me at 707-224-3200 x4750.

Sincerely,

Michelle A. Carpenter

Michelle A. Carpenter, J.D.
Vice President, Regulatory and Clinical Affairs
Chief Compliance Officer

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

DEY, L.P.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

2751 Napa Valley Corporate Drive
Napa, CA 94558

MN BOARD OF PHARMACY LICENSE NUMBER

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

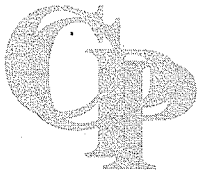
NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No Reportable Activities for 2004



CUTISPHARMA

CUTIS PHARMA, INC. 100 CUMMINGS CENTER, SUITE 421C, BEVERLY, MA 01915
TEL: 978-867-1010 FAX: 978-867-1012

November 15, 2004

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

RECEIVED AT
NOV 17 2004
MINNESOTA BOARD
OF PHARMACY

Re: Gifts to Practitioners

Dear Mr. Holmstrom:

As per your letter dated November 9, 2004, CutisPharma, Inc., a wholesale distributor of its own labeled products is providing you with the required reporting of gifts made to licensed practitioners in Minnesota.

CutisPharma, Inc. has not provided any payments, honoraria, reimbursement, and/or other compensation totaling \$100.00 or more to any licensed practitioner in Minnesota during the calendar year 2004.

If you have any questions or concerns, please contact me at Extension 12. Thank you.

Sincerely,

Peter J. Mione
Executive Vice President

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Cetus Pharma, Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

100 Cummings Center Suite 400
Beverly, MA 01915

MIN BOARD OF PHARMACY LICENSE NUMBER

361209 - 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 (9), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TO ALLING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

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

NO NE

ADDRESS OF PRACTITIONER

—

VALUE OF PAYMENTS

—

TYPE OF PAYMENTS

—

RECEIVED AT
NOV 17 2004
MINNESOTA BOARD
OF PHARMACY

CHIRON

Chiron Corporation
4560 Horton Street
Emeryville, California 94608-2916
510.655.8730

01 December 2004

RECEIVED AT
DEC 06 2004
MINNESOTA BOARD
OF PHARMACY

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

Dear Mr. Holmstrom:

As per the requirement to report all payments, honoraria, reimbursement, and other compensation paid to licensed practitioners in the state of Minnesota, please find the enclosed report. This correspondence is being made as per your request in the Office Memorandum dated November 9, 2004, wherein the 1993 Minnesota legislation requiring to do such is stated. There have been no payments, honoraria, reimbursement, or other compensation paid directly to licensed practitioners on behalf of Chiron.

This letter will address Chiron Corporation's Emeryville, CA wholesale distribution facility. This facility holds a valid wholesale distributor license in your state. If there is any additional information that you need, please contact me at (510) 923-4188.

Regards,
CHIRON CORPORATION



Jeanne Atwood, M.S.
Manager Regulatory Affairs

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Chiron Corporation
459716-6

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

4560 Horton St. Emeryville, CA 94608

MN BOARD OF PHARMACY LICENSE NUMBER
459716-6

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

none

ADDRESS OF PRACTITIONER

—

VALUE OF PAYMENTS

—

TYPE OF PAYMENTS

—

11

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

TYPE OF PAYMENTS

VALUE OF PAYMENTS

N/A



AmerisourceBergen®

AmerisourceBergen Corporation
172 Cahaba Valley Parkway
Pelham, AL 35124



Administrative Offices:

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

Phone: (215) 591 3000
FAX: (215) 591 8600

November 23, 2004

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

RECEIVED AT
NOV 30 2004
MINNESOTA BOARD
OF PHARMACY

Dear Mr. Holmstrom:

In response to your November 19, 2004 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
Director, Customer Operations
Teva USA
215-591-3021

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

OSG Norwich Pharmaceuticals Inc.

6826 State Highway Route 12

North Norwich, NY 13814

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.

MIN BOARD OF PHARMACY LICENSE NUMBER

361129-2

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

No compensation has been paid to any practitioner in Minnesota in 2004

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
DEC 06 2004
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Diamond Pharmacy Services
MN BOARD OF PHARMACY LICENSE NUMBER
361130-2

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

665 Kotzeb Dr. Tazewell PA 15701

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

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

N/A

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
DEC 06 2004
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ProEthic Pharmaceuticals, Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

5331 Perimeter Pkwy Ct Montgomery, AL 36116

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 \$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.)

N/A

ADDRESS OF PRACTITIONER

N/A

VALUE OF PAYMENTS

0

TYPE OF PAYMENTS

N/A

RECEIVED AT
DEC 06 2004
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Amerisource Bergen

MN BOARD OF PHARMACY LICENSE NUMBER

361232 - 7

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

19220 64th Avenue S. Kent WA, 98032

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 | | | |
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NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Airgas Worth Central
 MN BOARD OF PHARMACY LICENSE NUMBER
 361396-0

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1106 38th Street NW STE A Fargo, ND

58102

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, BONORARIA, RETIMBURSEMENT 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 | - | - | - |
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 MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

KUEHNE + JAGEL
MN BOARD OF PHARMACY LICENSE NUMBER
360470-4

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1314 S. PULASKI, ALSIP, IL 60803

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

| NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|-------------------------|-------------------|------------------|
| N/A | N/A | Ø | N/A |
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RECEIVED AT
DEC 03 2004
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MD LOGISTICS, INC.
MN BOARD OF PHARMACY LICENSE NUMBER
361350-4

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

2516 AIRWEST BLVD PLAINFIELD IN 46168

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 |
|---|-------------------------|-------------------|------------------|
| 0 | 0 | 0 | 0 |
| N/A | N/A | N/A | N/A |
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RECEIVED AT
DEC 03 2004
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER: **Coram Alternate Site Services**
 ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER: **403 Main St Ave Moorhead Mn 56560**

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

| MN BOARD OF PHARMACY LICENSE NUMBER | NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|-------------------------------------|---|-------------------------|-------------------|---|
| 360769-1 | None | | | |
| | 4/30/04 <i>Matthew A Sweet PharmD</i> | | | RECEIVED AT DEC 03 2004 MINNESOTA BOARD OF PHARMACY |
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NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

B.F. ASCHER & CO., INC.
MN BOARD OF PHARMACY LICENSE NUMBER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER
15501 W. 109th ST.; LENEXA, KS 66219

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

| NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|-------------------------|-------------------|--|
| NONE | | | |
| | | | RECEIVED AT DEC 03 2004 MINNESOTA BOARD OF PHARMACY |
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NAME OF WHOLESALER
Carolina Logistics Services, Inc.

ADDRESS OF WHOLESALER
4301 129th Avenue East

SHALENCE, MN 55379

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

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

No payments to be reported.

RECEIVED AT

DEC 03 2004

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

CVS INDIANA, LLC

MN BOARD OF PHARMACY LICENSE NUMBER

361475-2

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

7540 EMPIRE DR, INDIANAPOLIS, IN 46219

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

NOTHING TO REPORT

RECEIVED AT

DEC 03 2004

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Family Drug Mart

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1400 13th St. S, Virginia, MN. 55792

MIN BOARD OF PHARMACY LICENSE NUMBER

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

NONE

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

APR 19 2005

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Allina Home Oxygen & Medical Equipment

1047 South Highway 15, Hutchinson, MN 55350

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

361000-2

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

None.

RECEIVED AT

MAY 27 2005

MINNESOTA BOARD
OF PHARMACY