

| <u>Name of Practitioner</u> | <u>Address of Practitioner</u> | <u>Value of Payments</u> | <u>Type of Payments</u> |
|-----------------------------|--|--------------------------|-------------------------|
| David Kendall MD | 3800 Park Nicollet Blvd Minneapolis, MN 55416 | \$2000.00 | ACTOS Speaker |
| David Kendall MD | 3800 Park Nicollet Blvd Minneapolis, MN 55416 | \$2500.00 | ACTOS Speaker |
| David Kendall MD | 3800 Park Nicollet Blvd Minneapolis, MN 55416 | \$3132.02 | ACTOS Speaker |
| David Kendall MD | 3800 Park Nicollet Blvd Minneapolis, MN 55416 | \$2500.00 | ACTOS Speaker |
| Larry Mulmed MD | 710 E 24th St Ste 405 Minneapolis, MN 55404 | \$1500.00 | ACTOS Speaker |
| Larry Mulmed MD | 710 E 24th St Ste 405 Minneapolis, MN 55404 | \$1500.00 | ACTOS Speaker |
| Larry Mulmed MD | 710 E 24th St Ste 405 Minneapolis, MN 55404 | \$1000.00 | ACTOS Speaker |
| Larry Mulmed MD | 710 E 24th St Ste 405 Minneapolis, MN 55404 | \$1000.00 | ACTOS Speaker |
| Larry Mulmed MD | 710 E 24th St Ste 405 Minneapolis, MN 55404 | \$1500.00 | ACTOS Speaker |
| Jeffrey Ruegamer MD | 6363 France Ave S Ste 600 Edina, MN 55435 | \$1032.85 | ACTOS Speaker |
| Jeffrey Ruegamer MD | 6363 France Ave S Ste 600 Edina, MN 55435 | \$1631.40 | ACTOS Speaker |
| Jeffrey Ruegamer MD | 6363 France Ave S Ste 600 Edina, MN 55435 | \$1500.00 | ACTOS Speaker |
| Jeffrey Ruegamer MD | 6363 France Ave S Ste 600 Edina, MN 55435 | \$1616.80 | ACTOS Speaker |

| <u>Name of Practitioner</u> | <u>Address of Practitioner</u> | <u>Value of Payments</u> | <u>Type of Payments</u> |
|-----------------------------|--|--------------------------|--|
| Jeffrey Ruegamer MD | 6363 France Ave S Ste 600 Edina, MN 55435 | \$1500.00 | ACTOS Speaker |
| Jeffrey Ruegamer MD | 6363 France Ave S Ste 600 Edina, MN 55435 | \$1025.55 | ACTOS Speaker |
| Eric Storvick MD | 1230 E Main St. Mankato, MN 56001 | \$1595.47 | ACTOS Speaker |
| Eric Storvick MD | 1230 E Main St. Mankato, MN 56001 | \$1109.50 | ACTOS Speaker |
| Eric Storvick MD | 1230 E Main St. Mankato, MN 56001 | \$1036.50 | ACTOS Speaker |
| Barry Welge MD | 920 E 28th St Ste 300 Minneapolis, MN 55407 | \$1500.00 | ACTOS Speaker |
| Barry Welge MD | 920 E 28th St Ste 300 Minneapolis, MN 55407 | \$2443.00 | ACTOS Speaker |
| Barry Welge MD | 920 E 28th St Ste 300 Minneapolis, MN 55407 | \$2000.00 | ACTOS Speaker |
| Gregory J Gores MD | 418 Lowry Court NW Rochester, MN 55901 | \$2506.00 | Liver Safety Advisory Board Meeting |
| Michael Camilleri MD | 932 4 th Street SW Rochester, MN 55902 | \$4011.00 | IBS Experts Meeting in Chicago |
| John St. Peter PharmD | 3809 Dunbar Court Brooklyn Park, MN 55443-1975 | \$5000.00 | Diabetes Education Advisory Board |
| Michael D. Jensen MD | 3850 Hidden Way NE Rochester, MN 55906 | \$600.00 | Consultant ADA Expo on Weight Mgmt & Diabetes |
| David Guay, MD | 13174 Inglewood Avenue Savage, MN 55738 | \$3519.00 | Advisory Meeting in Chicago |

Takeda Pharmaceuticals America, Inc.



Mankato Clinic

1230 East Main Street
P.O. Box 8674
Mankato, MN 56002-8674

PH 507-625-1811
FAX 507-388-1878
www.mankato-clinic.com

January 7, 2005

RECEIVED AT

JAN 11 2005

MINNESOTA BOARD
OF PHARMACY

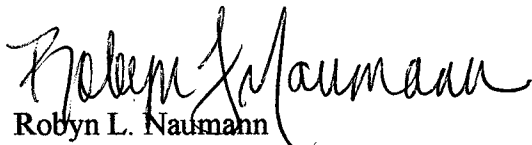
Minnesota Board of Pharmacy
2829 University Avenue Southeast, Suite 530
Minneapolis, MN 55414-3251

GIFTS TO PRACTITIONERS

There is no reportable activity from the Mankato Clinic.

Sincerely,

THE MANKATO CLINIC


Robyn L. Naumann
Central Supply Coordinator

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

361133-1

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.)

No reportable activity

ADDRESS OF PRACTITIONER

MEDTOX[®]
LABORATORIES

402 West County Road D
Saint Paul, Minnesota 55112

VALUE OF PAYMENTS

TYPE OF PAYMENTS



Schering-Plough Animal Health

Schering-Plough Animal Health Corporation
1095 Morris Avenue
PO Box 3182
Union, New Jersey 07083-1982
Telephone (908) 298-4000

January 6, 2005

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

**RE: Annual Report of Gifts to Practitioners - 2004
Schering-Plough Animal Health Corporation**

RECEIVED AT
JAN 10 2005
MINNESOTA BOARD
OF PHARMACY

Dear Sir/Madam;

No gifts or compensation totaling \$100 or more were paid to practitioners in Minnesota during calendar year 2004.

If you have any additional questions or concerns please contact me at (908) 629-3321 or via e-mail at nancy.thompson-brown@spcorp.com.

Sincerely,

Nancy Thompson-Brown
Nancy Thompson-Brown
Sr. Regulatory Compliance Specialist

Cc:

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 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

Greenbush Pharmacy
PO Box 39
Greenbush, MN 56726

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Celltech Manufacturing, Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

331 Clay Road, Rochester, New York 14623

MN BOARD OF PHARMACY LICENSE NUMBER

459963-0

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.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NONE

NONE

NONE

NONE

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

Handwritten signature: R. J. ...

Handwritten signature: ...

PHARMA CARE
specialty pharmacy
600 PENN CENTER BOULEVARD
PITTSBURGH, PA 15235-5810

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Thera Com, Inc.

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

9717 Key West Ave. Rockville, MD 20850

MN BOARD OF PHARMACY LICENSE NUMBER

360688-3

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

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

It is against company policy to give gifts to practitioners, unless it meets the company's de minimis standards.

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Caremark Inc.
MN BOARD OF PHARMACY LICENSE NUMBER
360658-2

1127 Bryn Mawr Sk B Redlands, CA 92374

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

It is against company policy to give gifts to practitioners. It meets the company's de minimis standards.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

U.S. Surgical, a division of Tyco Healthcare Group LP
MN BOARD OF PHARMACY LICENSE NUMBER

150 Glover Ave - Norwalk CT 06856

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 |
|---|---------------------------------|----------------------|------------------|
| | There is no reportable activity | | |
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| NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER | | 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 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 |
|---|--|--|--------------------------------------|---|---|-------------------------|-------------------|-----------------------------|
| ZLB Behring | 1020 First Ave, PO Box 101501, King of Prussia, PA 19406 | | None | | No Reportable Activity | | | |
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| | | | | | | | | MINNESOTA BOARD OF PHARMACY |

Mary Ann Domestto
Feb 1, 2005

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

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

ADDRESS OF PRACTITIONER

TYPE OF PAYMENTS

VALUE OF PAYMENTS

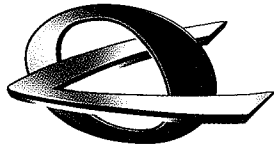
X NO activity

James J. [Signature]

ake Superior X-Ray INC.

Developing Quality

6012 E. Superior St.
Duluth, MN 55804



OVATION

Pharmaceuticals, Inc.

RECEIVED AT
MAR 11 2005
MINNESOTA BOARD
OF PHARMACY

09 March 2005

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

Re: Gifts to Practitioners

Dear Madam/Sir:

Reference is made to the State of Minnesota Office Memorandum dated 09 November 2004 we received from your office. The memo requests we submit to the Board of Pharmacy an annual report identifying all payments, honoraria, reimbursement, and other compensation paid to licensed practitioners in Minnesota.

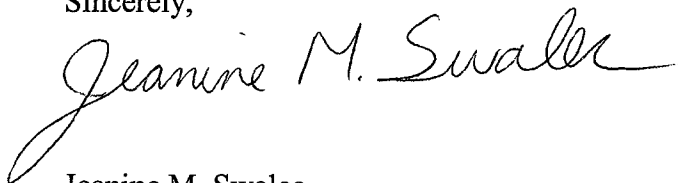
The below table summarizes those Minnesota licensed practitioners compensated by Ovation Pharmaceuticals, Inc. in 2004.

| Name of Practitioner | Address of Practitioner | Value of Payments | Type of Payment |
|----------------------|--|-------------------|---|
| S. Hossein Fatemi | Department of Psychiatry University of Minnesota P.O. Box 14848 Minneapolis, MN 55414 | \$250.00 | Honoraria for 2004 Ovation Ad Board held during APA |
| Patrick Stokes | 1208 Edgewater Arden Hills, MN 55112 | \$250.00 | Honoraria for 2004 Ovation Ad Board held during APA |
| Charlotte Stack | 882 S.W. 15th Street Forest Lake, MN 55025 | \$250.00 | Honoraria for 2004 Ovation Ad Board held during APA |
| Michael Frost | MN Epilepsy Group 310 North Smith Street St. Paul, MN 55102 | \$250.00 | Honoraria for 2004 Ovation Ad Board held during CNS |

| Name of Practioner | Address of Practioner | Value of Payments | Type of Payment |
|--------------------|---|---------------------------|---|
| Betty Ong | Gillette Childrens Specialty Healthcare 200 University Avenue E. St. Paul, MN 55101 | \$250.00 | Honoraria for 2004 Ovation Ad Board held during CNS |
| Frank Ritter | MN Epilepsy Group 310 Smith Ave. N Suite 300 St. Paul, MN 55102 | \$1000.00 \$250.00 | Preparation and teleconference for physicians on use of Peganone in pediatric epilepsy Honoraria for 2004 Ovation Ad Board held during AES |
| John Gates | MN Epilepsy Group 310 Smith Ave. N Suite 300 St. Paul, MN 55102 | \$750.00 | Consulting fee for Frisium Phase II Protocol Synopsis |
| Michael Frost | MN Epilepsy Group 310 Smith Ave. N Suite 300 St. Paul, MN 55102 | \$250.00 | Honoraria for 2004 Ovation Ad Board held during AES |
| Deanna Dickens | MN Epilepsy Group 310 Smith Ave. N Suite 300 St. Paul, MN 55102 | \$250.00 | Honoraria for 2004 Ovation Ad Board held during AES |
| Patricia Penovich | MN Epilepsy Group 310 Smith Ave. N Suite 300 St. Paul, MN 55102 | \$250.00 | Honoraria for 2004 Ovation Ad Board held during AES |

Please contact me at 847.282.1000 extension 245 if there are any questions or need for additional information.

Sincerely,



Jeanine M. Swalec
Associate Director, Global Regulatory Affairs
Phone: (847) 282-1000 x 245
Fax: (847) 319-9112
E-Mail: jswalec@ovationpharma.com

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

3M Pharmaceuticals

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

3M Center- Bldg. 275-3W-01; St. Paul, MN 55144-1000
 MN BOARD OF PHARMACY LICENSE NUMBER
459591-9

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 (1) 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 | |
|---|---|-------------------|------------------|-----------------------------|
| Anderson, David MD | 1560 Beam Ave., Maplewood, MN | 55119 | \$103.67 | Meals - Educational program |
| Arnesen, Lori MD | 7616 Currell Blvd., Woodbury, MN | 55125 | 165.25 | Meals - Educational program |
| Ash, Susan MD | 400 E. Third St., Duluth, MN | 55805 | 104.42 | " " " " |
| Baldwin, Jennifer MD | 420 Delaware St. SE, Minneapolis, MN | 55455 | 159.36 | " " " " |
| Barnhardt, Denise MD | 7337 France Av. S., Edina, MN | 55435 | 243.39 | " " " " |
| Bayer, Michael MD | 400 E. Third St., Duluth, MN | 55805 | 104.42 | " " " " |
| Bender, Mitchell L. MD | 6363 Frabce Ave. S., Edina, MN | 55435 | 102.50 | " " " " |
| Bergh, Shelly MD | 7373 France Ave. S., Edina, MN | 55435 | 149.44 | " " " " |
| Bhardwaj, Sachin MD | 516 Delaware St. SE, Minneapolis, MN | 55455 | 211.25 | " " " " |
| Bloom, Kenneth MD | 910 E. 26th St. #407, Minneapolis, MN | 55404 | 149.44 | " " " " |
| Bohlanan, Kim MD | 515 Delaware St. E., Minneapolis, MN | 55455 | 176.61 | " " " " |
| Burch, Andrea MD | 200 First St. SW #M4, Rochester, MN | 55905 | 185.76 | " " " " |
| Burkemper, Nicole MD | 299 First St. SW, Rochester, MN | 55905 | 105.05 | " " " " |
| Burnett, Melissa ND | 515 Delaware St. SE, Minneapolis, MN | 55455 | 177.20 | " " " " |
| Bussmann, Michelle MD | 6363 S. France, Edina, MN | 55435 | 102.50 | " " " " |
| Byrd, Julie MD | 405 Barclay Circle, Rochester Hills, MN | 48307 | 102.28 | " " " " |
| Carney, Patrick MD | 7373 France Ave. S., Edina, MN | 55435 | 282.73 | " " " " |
| Cashman, Allison MD | 6363 S. France Ave., Edina, MN | 55435 | 282.28 | " " " " |
| Chae, Mirelle K. MD | 6363 S. France Ave., Edina, MN | 55435 | 102.50 | " " " " |
| Chermak, Gally L. MD | 6363 S. France Ave., Edina, MN | 55435 | 102.50 | " " " " |

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

3M Pharmaceuticals**3M Center; Bldg. 275-3W-01; St. Paul, MN 55144-1000**

MN BOARD OF PHARMACY LICENSE NUMBER

459591-9

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.

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|---|---|-------------------|------------------------------|
| Comfere, Nneka MD | 200 First Street, Rochester, MN 55905 | \$ 105.05 | Meals - Educational Program |
| Crutchfield, Charles MD | 1185 Town Center Dr., Eagan, MN 55123 | 117.97 | Meals - Educational Program |
| Dakim, Cari MD | 516 Delaware St. SE, Minneapolis, MN 55455 | 149.44 | Meals - Educational Programs |
| Dapprich, Daniel MD | 1205 34th St. NW, Rochester, MN 55901 | 153.23 | Meals - Educational Programs |
| Davis, Dawn Marie MD | 200 First St. SW, Rochester, MN 55905 | 160.70 | Meals - Educational Programs |
| Dick, Jennifer MD | 516 Delaware St. SE, Minneapolis, MN 55455 | 156.89 | Meals - " " |
| Ebertz, Michael MD | 14000 Nicollet Ave. S., Burnsville, MN 55337 55416 | 142.92 | " " " |
| Epstein, Darin MD | 3850 Park Nicollet Ave., St. Louis PK, MN | 168.93 | " " " |
| Farrell, April MD | 516 Delaware st. SE, Minneapolis, MN 55455 | 196.04 | " " " |
| Fish, Frederick MD | 500 Osborne Rd. NE, Ste 330, Fridley, MN 55432 | 142.92 | " " " |
| Foster, Heidi MD | 560 Delaware St., Minneapolis, MN 55455 | 292.94 | " " " |
| Gallego, Humberto MD | 101 5th St. E, STE 2106, St. Paul, MN 55104 | 251.94 | " " " |
| Glesne, Lynn MD | 701 Park Ave. So., Minneapolis, MN 55415 | 142.92 | " " " |
| George, Pierre MD | 393 Dunlap St. N., St. Paul, MN 55104 | 292.36 | " " " |
| Goodman, Warren MD | 560 Delaware St. Minneapolis, MN 55455 | 149.44 | " " " |
| Hanson, Gayle MD | 7373 France Ave. So, Edina, MN 55435 | 292.36 | " " " |
| Hauge, Noel MD | 1560 Beam Ave., Maplewood, MN 55109 | 176.54 | " " " |
| Henderson, Sherry MD | 200 1st St. SW, Rochester, MN 55902 | 137.39 | " " " |
| Hoffman, Allison MD | 1 Veterans Drive, Minneapolis, MN 55415 | 254.50 | " " " |
| Hordinski, Maria MD | 560 Delaware St., Minneapolis, MN 55435 | 315.74 | " " " |

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

3M Pharmaceuticals
459591-9
3M Center
Bldg. 275-3W-01; St. Paul, MN 55144-1000

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

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|---|--|-------------------|------------------------------|
| Jacobs, Amanda MD | Mayo Clinic 200 1st St., Rochester, MN 55905 | \$ 149.44 | Meals - Educational Programs |
| Korteum, Kimberley MD | 5712 44th Ave. NW, Rochester, MN 55901 | 149.44 | " |
| Kuhl, John MD | Mayo Clinic 200 1st St. NW, Rochester, MN 55905 | 254.49 | " |
| Lander, Jeff MD | U of M 516 Delaware St., Minneapolis, MN 55455 | 278.38 | " |
| Lin, Bertha MD | 516 Delaware St. SE, Minneapolis, MN 55455 | 142.53 | " |
| Livermore, Brian MD | 615 5th St. NW, Bemidji, MN 56601 | 142.97 | " |
| Lundstrom, Paul MD | 2024 S. 6th St., Brainerd, MN 56401 | 112.49 | " |
| McCormick, Michael MD | 126 W. Masin St., Caledonia, MN 55921 | 142.92 | " |
| Moinfar, Mariam MD | 516 Delaware St. SE, Minneapolis, MN 55455 | 292.36 | " |
| Moore, Jane MD | 101 5th St., St. Paul, MN 55101 | 139.10 | " |
| Nakamura, Krystal MD | 200 First St. SW, Rochester, MN 55905 | 222.26 | " |
| Pladson, Patricia MD | 200 First St. SW, Rochester, MN 55905 | 100.20 | " |
| Prauer, Steven MD | 7205 University Ave. NE, Fridley, MN 55432 | 151.83 | " |
| Raheni, Erika MD | 7205 University Ave. NE, Fridley, MN 55432 | 151.82 | " |
| Reichenberg, Jason MD | 200 1st St. SW, Rochester, MN 55905 | 102.78 | " |
| Rhoades, John MD | 625 E. Nicollet, #100, Burnsville, MN 55337 | 114.96 | " |
| Roholt, Natalie MD | 615 5th St. NW, Bemidji, MN 56601 | 109.80 | " |
| Russell, James MD | 200 1st St. SW, Rochester, MN 55905 | 249.34 | " |
| Rustad, Olaf MD | 700 Village Center Dr., #125, St. Paul, MN | 125.99 | " |
| Saxena Malinee MD | 1185 Town Center Dr., Eagan, MN 55123 | 176.99 | " |

Name of Wholesale Drug Distributor/Manufacturer
 Address of Wholesale Drug Distributor/Manufacturer
 One Stamford Forum, Stamford, CT 06901

Name of Wholesale Drug Distributor/Manufacturer
 Purdue Pharma L.P.

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 15L-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 Board of Pharmacy License Numbers:
 460168-3 and 460169-6

| NAME OF PRACTITIONER | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|-------------------------|---|-------------------|--|
| Thomas Amatruda, MD | 500 Osborne Road NE, Ste. 215, Fridley, MN 55432 | \$137.94 | In-service lunches for physician and staff |
| Chara Anderson, MD | 800 East 28th Street #405, Minneapolis, MN 55407 | \$122.26 | In-service lunches for physician and staff |
| Donna Anderson, MD | 502 E 2nd St. Miller Dawn Hospital, Duluth, MN 55407 | \$113.63 | In-service lunches for physician and staff |
| Jim Anway, MD | MAPS 2104 North Blvd., Suite 2, Minneapolis, MN 55433 | \$102.38 | In-service lunches for physician and staff |
| Raymond Christensen, MD | 410 S. Kenwood Avenue, Mosse Lake, MN 55767 | \$265.14 | In-service lunches for physician and staff |
| Thomas Cohn, MD | 7400 France Avenue S. Ste. 100, Edina, MN 55435 | \$153.08 | In-service lunches for physician and staff |
| Jennifer Dalarno, MD | 910 North 6th Avenue, Virginia Clinic, Virginia, MN 55792 | \$102.47 | In-service lunches for physician and staff |
| Angeline Ehlert, MD | 2104 Northdale Blvd. NW #220, Coon Rapids, MN 55433 | \$148.15 | In-service lunches for physician and staff |
| Michael Epstein, MD | 2104 Northdale Blvd., Coon Rapids, MN 55433 | \$148.15 | In-service lunches for physician and staff |
| Lisa Finley, MD | 2104 Northdale Blvd., Coon Rapids, MN 55433 | \$100.70 | In-service lunches for physician and staff |
| Matthew Gall, MD | 6363 France Avenue, Suite 300, Edina, MN 55435 | \$157.81 | In-service lunches for physician and staff |
| Carroll Galvin, MD | 501 N. State Street, Waseca, MN 56093 | \$100.85 | In-service lunches for physician and staff |
| Craig Gilbertson, MD | 324 W. Superior Street, 302 ME Duluth, MN 55802 | \$113.64 | In-service lunches for physician and staff |
| Dave King, MD | 500 Osborne Road NE, Ste. 215, Fridley, MN 55432 | \$137.94 | In-service lunches for physician and staff |
| Timothy Lamaster, MD | 324 W. Superior Street, 302 ME Duluth, MN 55802 | \$113.64 | In-service lunches for physician and staff |
| Harold Londer, MD | 3300 Oakdale Ave North, Robbinsdale, MN 55422 | \$134.25 | In-service lunches for physician and staff |
| Stephen Mann, MD | 500 Osborne Road NE, Ste. 215, Fridley, MN 55432 | \$137.94 | In-service lunches for physician and staff |