

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Midtown Foods Quality Care Pharmacy

MN BOARD OF PHARMACY LICENSE NUMBER

360591-0

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1213 Gilmore Ave Winona MN 55987

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
None			
			RECEIVED AT
			DEC 12 2005
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Northern X-Ray Co.
360718-3

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

2118 4th Ave South, Mpls, MN 55404

MN BOARD OF PHARMACY LICENSE NUMBER

360718-3

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 (9) TO (S), 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 Compensation Issued.

0.00

RECEIVED AT
DEC 12 2005
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Farview Lakes Pharmacy -

361514-6

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

180 W 4th St Rosh City, MN

55069

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 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.)

Ø

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 12 2005

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

EVERSCO 125 Kingswood Rd Mankato, Mn 56002

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 OR OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (9) 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
		0	

RECEIVED AT
DEC 1 2 2005
MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Econofoods Pharmacy # 331

MN BOARD OF PHARMACY LICENSE NUMBER

360206-5

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

612 So. Minnesota Ave., St. Peter, MN 56082

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 (9) 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.)

4

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 12 2005

MINNESOTA BOARD OF PHARMACY

[Handwritten signature]

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Foley Drug Co.
361155-1

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Box 217 Foley, MN

MN BOARD OF PHARMACY LICENSE NUMBER

361155-1

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
No Reportable	Activity		RECEIVED AT
			DEC 13 2005
			MINNESOTA BOARD OF PHARMACY
	J. Gos RPh		

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Handi Medical Supply, Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2605 University Ave. W. St. Paul, MN 55114

MN BOARD OF PHARMACY LICENSE NUMBER

361346-5

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 (9) 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

RECEIVED AT

DEC 13 2005

MINNESOTA BOARD OF PHARMACY

MANKATO CLINIC

December 9, 2005

RECEIVED AT
DEC 13 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

It's all about
caring.

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

None

NONE

NONE

Fairmont Fire Safety

Donald Weerts

RECEIVED AT

DEC 12 2005

MINNESOTA BOARD OF PHARMACY

12-10-05

FAIRMONT FIRE SAFETY
Don Weerts
O. Box 722

Fairmont, MN 56031-0722

FAIRMONT FIRE SAFETY
Don Weerts
O. Box 722
Fairmont, MN 56031-0722

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

BOUND TREE MEDICAL, LLC

MN BOARD OF PHARMACY LICENSE NUMBER

361574-8

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

5200 RINGS RD, DUBLIN, OH 43016

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 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 23 2005
			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 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

 **AmerisourceBergen**

AmerisourceBergen Corporation
12980 Old Hickory Boulevard
Antioch, TN 37013

RECEIVED AT

DEC 23 2005

MINNESOTA BOARD
OF
PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

GF Health Products, Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

12055 Missoula Bottom Rd. Hazelwood, MO 63042

MN BOARD OF PHARMACY LICENSE NUMBER

360125-7

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	N/A	RECEIVED AT DEC 23 2005 MINNESOTA BOARD OF PHARMACY



1085 N. Satellite Blvd
Suwanee, GA 30024
Phone: 770-623-3193
Fax: 770-476-1332
www.amerisourcebergen.net

MEMO

TO: Cody Wiberg, Executive Director
Minnesota Board of Pharmacy

FAX: 612 617-2201

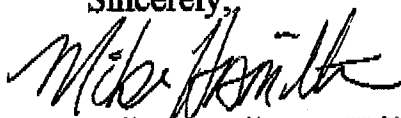
FROM: Mike Hamilton
AmerisourceBergen Drug Corporation
Suwanee, GA

LIC. # 361244-0

RE: Gifts to Practitioners

DATE: 12/22/05

This is a note of clarification stating that we have not nor do we intend to issue payments, honoraria, reimbursement or any other compensation to practitioners licensed in the state of Minnesota. The original of the attached form has been sent to you via UPS.

Sincerely,

Mike Hamilton, VP/DCM



AmerisourceBergen

1085 N. Satellite Blvd
Suwanee, GA 30024
Phone: 770-623-3193
Fax: 770-476-1332
www.amerisourcebergen.net

MEMO

TO: Cody Wiberg, Executive Director
Minnesota Board of Pharmacy

FAX: 612 617-2201

FROM: Mike Hamilton
AmerisourceBergen Drug Corporation
Suwanee, GA

LIC. # 361244-0

RE: Gifts to Practitioners

DATE: 12/22/05

This is a note of clarification stating that we have not nor do we intend to issue payments, honoraria, reimbursement or any other compensation to practitioners licensed in the state of Minnesota. The original of the attached form has been sent to you via UPS.

Sincerely,

Mike Hamilton, VP/DCM

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Amerisource-Berger Drug Corp.

MN BOARD OF PHARMACY LICENSE NUMBER

361 244-0

NAME OF PRACTITIONER

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

N/A

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1085 N. Satellite Blvd

Sumner GA 30024

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, BONORARIA, REIMBURSEMENT OR 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 \$500 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
N/A	N/A	N/A	N/A

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

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

None

RECEIVED AT

DEC 27 2005

MINNESOTA BOARD OF PHARMACY



AmerisourceBergen®

AmerisourceBergen Corporation
9401 East 54th Street
Tulsa, OK 74145



RECEIVED AT
DEC 29 2005
MINNESOTA BOARD
OF PHARMACY

December 28, 2005

VIA FEDERAL EXPRESS

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

Renee Cadle
480.614.7274

**Re: Gifts to Practitioners -- Caremark Inc. permit number 360658-2
1127 Bryn Mawr Avenue
Redlands, CA 92374**

To Whom It May Concern:

Enclosed please find the above-referenced wholesale distributor's annual report regarding gifts to practitioners.

If you have any questions or need additional information please contact me at the number listed above.

Sincerely,

Renee Cadle
Paralegal
9501 East Shea Blvd
Scottsdale, AZ 85260

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Caremark Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1127 Bryn Mawr Avenue, Redlands, CA 92374

MIN BOARD OF PHARMACY LICENSE NUMBER

360658-2

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.)

na

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS



December 28, 2005

VIA FEDERAL EXPRESS

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

RECEIVED AT

DEC 29 2005

MINNESOTA BOARD
OF PHARMACY

Renee Cadle
480.614.7274

**Re: Gifts to Practitioners -- Theracom Inc. permit number 360688-3
9717 Key West Avenue
Rockville, MD 20850**

To Whom It May Concern:

Enclosed please find the above-referenced wholesale distributor's annual report regarding gifts to practitioners.

If you have any questions or need additional information please contact me at the number listed above.

Sincerely,

Renee Cadle
Paralegal
9501 East Shea Blvd
Scottsdale, AZ 85260

Zydus Pharmaceuticals (USA) Inc.

A US Generic Pharmaceutical Company

ZyPharma

ZyGenerics

To,

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

27th December, 2005

RECEIVED AT
DEC 30 2005
MINNESOTA BOARD
OF PHARMACY

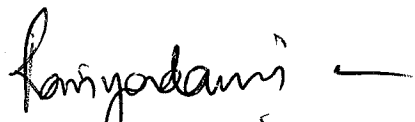
Dear Sir,

Sub: Gifts to Practitioners

Please refer to the letter regarding gifts to Practitioners, copy of which is enclosed with this letter. We would like to bring to your kind notice that we have not paid any gift to any practitioners in US including Minnesota. The required from is also enclosed with this letter as required by you.

Thanks and regards.

For Zydus Pharmaceuticals (USA) Inc



Director Finance
(Ravi C Yadavar)



December 30, 2005

Dr. Cody Wiberg
Executive Director
Minnesota Board of Pharmacy
2829 University Avenue Southeast, Suite 550
Minneapolis, MN 55414-3521

Dear Dr. Wiberg,

The attached report is for Hospira Inc and all warehouse locations. The following are some of our locations and their Minnesota Pharmacy License Number:

Farmer Branch, TX	361390-2
King of Prussia, PA	361389-2
Pleasant Prairie, WI	361509-4
Minneapolis, MN	360674-4
Rocky Mount, NC	360865-8
Santa Fe Springs, CA	361388-9
Stone Mountain, GA	361391-5

No practitioner received any payments for the year 2004 of one hundred dollars (\$100) or more from Hospira.

Best Regards,

A handwritten signature in black ink that reads "Dean Yien".

Dean Yien
Manager, Office of Ethics & Compliance
Hospira Inc

fax



To: Dr. Cody Wiberg

From: Dean Yien

Company: Minnesota Board of Pharmacy

Tel: 224-212-2521

Fax: 612-617-2212

Fax: 224-212-2116

Date: 12/30/2005

No. of Pages: 3

Dear Dr. Cody,

It was a pleasure talking to you. Thank you for your guidance in meeting the Minnesota Drug Wholesaler reporting requirements.

I have attached the Drug Wholesaler Report for 2004 and a letter attesting to the fact that we have nothing to report.

Best Regards,

A handwritten signature in cursive script that reads "Dean Yien".

Dean Yien
Manager, Office of Ethics and Compliance

NAME OF WHOLESALER, DRUG DISTRIBUTOR/MANUFACTURER

Butler Sales Associates Inc.

ADDRESS OF WHOLESALER, DRUG DISTRIBUTOR/MANUFACTURER

1202 Village Drive St. Joseph, Mo 64506

MIN 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 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

No payments to vets in 2005

◆
ORTHOBIO
ORTHO BIOTECH

Ortho Biotech
430 Route 22 East
Bridgewater, NJ 08807

RECEIVED AT
MAR 02 2006

Jeffrey A. Stewart
Vice President
Market & Health Care Compliance
908/541-4440 Phone
908/541-4481 Fax

MINNESOTA BOARD
OF PHARMACY

February 27, 2006

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

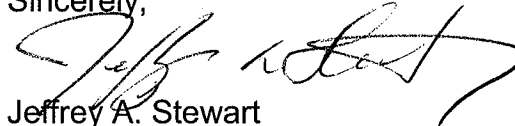
To Whom It May Concern:

Attached please find Ortho Biotech L.P.'s annual report for items and payments provided to Minnesota practitioners, which is being filed in accordance with Minn. Stat. Sec. 151.47. Ortho Biotech Product L.P.'s products are distributed in the State of Minnesota by J O M Pharmaceutical Services Division of Ortho-McNeil Pharmaceutical, Inc., which holds Drug Wholesaler License Numbers 360499-5 (200 Foothill Road, Bridgewater, NJ 08807) and 360498-2 (One Cottontail Lane, Somerset, NJ 08873).

Affected Ortho Biotech employees were trained in 2005 on the requirements of Minn. Stat. Sec. 151.47 and Minn. Stat. 151.461 and similar Ortho Biotech company policies that prohibit certain meals and gifts with a value that exceeds \$50. Nevertheless, certain meals and gifts were provided to individual practitioners in 2005 that were in excess of \$50; those items were discovered during the company's audit of expenditures, and are disclosed in the attached report. (Please note that for purposes of the statute, Ortho Biotech considers textbooks to be educational materials that are not "gifts".)

In 2006, Ortho Biotech will continue to train employees on its company policies and the Minnesota law, and will audit its employees' activities regularly to monitor compliance.

Sincerely,



Jeffrey A. Stewart
Vice President
Market & Health Care Compliance

**MINNESOTA BOARD OF PHARMACY
REPORTING STATEMENT**

Name of Wholesale Drug Distributor/Manufacturer: Ortho Biotech Products	Address of Wholesale Drug Distributor/Manufacturer: 460 Route 22 East, Bridgewater, NJ 08807-0914	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
Peter Argenta, MD	420 Delaware St SE, Minneapolis, MN 55455	\$69.43 Meals in connection with Sales Calls
Jan Buckner, MD	Mayo Clinic College of Medicine 200 First Street SE MN 55905	\$500.00 Consulting fee and expenses for professional or consulting services in connection with advisory meeting
Robert Coleman, MD	420 Delaware St SE, Minneapolis, MN 55455	\$69.43 Meals in connection with Sales Calls
Allan Collins, MD	914 South 8th Street, Minneapolis, MN 55404	\$1,000.00 Consulting Fee and expenses for professional or consulting services in connection with research
Jerry Fischer, MD	10510 North 48th St, Omaha, NE 68152	\$500.00 Consulting fee and expenses in relation to speaking engagement
Michelle Geller, MD	420 Delaware St SE, Minneapolis, MN 55455	\$96.61 Meals in connection with Sales Calls
Rachel Ghebre, MD	420 Delaware St SE, Minneapolis, MN 55455	\$69.11 Meals in connection with Sales Calls
James Gitter, MD	2342 Field Stone Drive, Mendota Heights, MN 55120	\$500.00 Consulting fee and expenses in relation to speaking engagement
Sandeep Gupta, MD	6363 France Ave, Edina, MN 55435	\$55.64 Meals in connection with Sales Calls
Charles Herzog, MD	303 Mount Curve Boulevard, St Paul, MN 55105	\$2,000.00 Consulting Fee and expenses for professional or consulting services in connection with research
Hassan Ibrahim, MD	6363 France Ave, Edina, MN 55435	\$62.23 Meals in connection with Sales Calls
Steven Kuross, MD	St Mary's Duluth Clinic Health System 400 East Third Street Duluth, MN 55805	\$18,236.00 Consulting Fee and expenses for professional or consulting services in connection with (4) research payments
Martin W. Lee, MD	Park Nicollet Institute Oncology Research Program 3800 Park Nicollet Blvd., 2 South	\$29,581.95 Consulting Fee and expenses for professional or consulting services in connection with (9) research payments
Daniel Lopez-Tan, MD	1155 Quail Court, Pewaukee, WI 53072	\$2,002.60 Consulting fee and expenses in connection with speaking engagement
Connie Manske, MD	6363 France Ave, Edina, MN 55435	\$55.64 Meals in connection with sales calls

Martin Oken, MD	North Memorial Health Care Hubert H. Humphrey Cancer Center 3300 Oakdale Avenue North #304 3044 Fairway Drive, Chaska, MN 55318	\$3,450.00	Consulting Fee and expenses for professional or consulting services in connection with research
Paul Olson, MD		\$1,000.00	Consulting fee and expenses in relation to (2) speaking engagements
Raymond Poor, MD	2045 Rice Street, St Paul, MN 55113	\$54.93	Meals in connection with sales calls
Mark Rosenberg, MD	6363 France Ave, Edina, MN 55435	\$55.64	Meals in connection with sales calls
Jill Schroepel, MD	4415 33rd Avenue So, Minneapolis, MN 55406	\$1,000.00	Consulting fee and expenses in relation to (2) speaking engagements
Charles Smith, MD	701 Park Avenue, Minneapolis, MN 55415	\$500.00	Consulting fee and expenses in relation to speaking engagement
Todd Smith, MD	7460 80th St, SW, Cottage Grove, MN 55016	\$62.66	Meals in connection with sales calls
Arkady Synhauvsky, MD	2045 Rice Street, St Paul, MN 55113	\$61.33	Meals in connection with sales calls
Pam Vaughn, ANP	914 South 8th Street, Minneapolis, MN 55404	\$2,000.00	Consulting fee and expenses in relation to (4) speaking engagements
Mario Zarama, MD	3483 Williamsburg Parkway, Woodbury, MN 55129	\$1,055.39	Consulting fee and expenses in relation to (2) speaking engagements and meals in connection with sales calls



UCB Pharma, Inc. - 1950 Lake Park Drive, Smyrna, Georgia 30080

December 20, 2005

RECEIVED AT
JAN 06 2006
MINNESOTA BOARD
OF PHARMACY

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

RE: Gifts to Practitioners
MN Drug Wholesaler License: 360006-7

Dear Minnesota Board of Pharmacy:

UCB Pharma, Inc. has enclosed an Annual Report for 2005 identifying all payments, honoraria, reimbursement, and other compensation paid to licensed practitioners in Minnesota. This report identifies the nature and value of any payments, totaling \$100 or more. The 2005 Annual Report includes the practitioner's name, address, payment value and the type of payment.

If you have any questions or comments, please contact me at (770) 970-8827 or e-mail: tina.fowler@ucb-group.com.

Sincerely,

A handwritten signature in black ink that reads "Tina Y. Fowler". The signature is written in a cursive style with a large, looping initial "T".

Tina Y. Fowler
Corporate Compliance Auditor
UCB Pharma, Inc.
1950 Lake Park Drive
Smyrna, GA 30080

Name of Wholesale Drug Distributor/Manufacturer
UCB Pharma, Inc.

Address of Wholesale Drug Distributor/Manufacturer
1950 Lake Park Drive
Smyrna, GA 30080

MN Board of Pharmacy License Number
360006-7

Payment Date	Last Name	First Name	MI	Credits	Affiliated Facility	Correspondence Address	City	State	Zip	Value of Payments	Travel Expenses	Payment Type	Vendor	Type of Recipients	Nature of Payment
	ADAMS	SHARON				1785 ROBERT ST S	WEST SAINT PAUL	MN	55118-3834	\$30.00		Journal of Peds subscription	UCB		Check
	ANDERSON	LAUREL				5975 CARMEN AVE	INVER GROVE HEIGHTS	MN	55076-4418	\$30.00		Journal of Peds subscription	UCB		Check
	ANDERSON	TIMOTHY				14050 NICOLLET AVE S	BURNSVILLE	MN	55337-5710	\$33.00		Lancet subscription	UCB		Check
	ASNIS	MAXINE				811 2ND ST SE	LITTLE FALLS	MN	56345-3505	\$30.00		Journal of Peds subscription	UCB		Check
	BANKS	SUSAN				921 GREELEY ST S	STILLWATER	MN	56082-5935	\$33.00		Lancet subscription	UCB		Check
	BARDAN	BASSEL				508 10TH ST	WORTHINGTON	MN	56187-2343	\$30.00		Journal of Peds subscription	UCB		Check
	BEECHER	JOHN				5301 VERNON AVE S	EDINA	MN	55436-2303	\$33.00		Lancet subscription	UCB		Check
05/11/05	BJORLAND	JOHN				7901 XERXES AVE S	BLOOMINGTON	MN	55431-1253	\$30.00		Journal of Peds subscription	UCB		Check
05/11/05	Blum	Paul	MD			3955 Parklawn Ave.	Edina	MN	55435	\$1,000.00		Speaker Fee	UCB	Doctor	Check
07/15/05	Blum	Paul	MD			3955 Parklawn Ave.	Edina	MN	55435	\$1,000.00		Speaker Fee	UCB	Doctor	Check
	BREEN	PATTI				8323 DEER POND TRLN	LAKE ELMO	MN	55042-9523	\$30.00		Journal of Peds subscription	UCB		Check
	BROWN	CHRISTOPHER				1900 CENTRACARE CIR STE 135	SAINT CLOUD	MN	56303-5000	\$30.00		Journal of Peds subscription	UCB		Check
	CARDWELL	MITCHELL				1120 E 34TH ST	HIBBING	MN	55746-2909	\$30.00		Journal of Peds subscription	UCB		Check
	CARLSEN	BRIAN				610 30TH AVE W	ALEXANDRIA	MN	56308-3428	\$30.00		Journal of Peds subscription	UCB		Check
09/13/05	Cascino	Gregory	MD			200 1st Street SW	Rochester	MN	55905	\$1,500.00	\$659.62	Honoraria	S&R	Doctor	Check
1/15/05	Cascino	Gregory	MD			200 1st Street SW	Rochester	MN	55905	\$1,500.00	\$1,050.65	Honoraria	S&R	Doctor	Check
	CHRISTIANSEN	JIMMY				303 CATHIN ST	BUFFALO	MN	55313-1947	\$30.00		Journal of Peds subscription	UCB		Check
	COHAN	TORI				290 MAIN ST NW	ELK RIVER	MN	55330-1270	\$30.00		Journal of Peds subscription	UCB		Check
	CRAIG-MILLER	DANIEL				3386 OAKDALE AVE N	ROBINSDALE	MN	55422-2948	\$33.00		Lancet subscription	UCB		Check
	CROSS	JULIA				106 2ND AVE NW	SAINT JOSEPH	MN	56374-4106	\$33.00		Lancet subscription	UCB		Check
10/18/05	DeValk	DENNIS	MD		Wilder Foundation Clinic	303 E NICOLLET BLVD	BURNSVILLE	MN	55337-4522	\$33.00		Lancet subscription	UCB		Check
04/13/05	Ellingson	Marcia	MD			919 Lafond	St. Paul	MN	55104	\$750.00	\$10.67	Honoraria	S&R	Doctor	Check
	ERICSSON	AMY	MD			1037 19th Ave. SW	Wilmar	MN	56201	\$1,000.00	\$160.69	Speaker Fee	UCB	Doctor	Check
	FAHEY	JEAN				4544 COUNTY ROAD 134	SAINT CLOUD	MN	56303-4665	\$33.00		Lancet subscription	UCB		Check
	FOSLIEN	KRISTINE				610 30TH AVE W	ALEXANDRIA	MN	56308-3428	\$30.00		Journal of Peds subscription	UCB		Check
	FRANE	GREGORY				303 E NICOLLET BLVD	BURNSVILLE	MN	55337-4522	\$30.00		Journal of Peds subscription	UCB		Check
07/26/05	Frost	Michael	MD			21385 JOHN MILLES DR STE 100	ROGERS	MN	56374-4404	\$33.00		Lancet subscription	UCB		Check
08/11/05	Frost	Michael	MD			310 Smith Ave North Suite 300	St. Paul	MN	55101	\$1,500.00	\$923.90	Honoraria	S&R	Doctor	Check
08/11/05	Frost	Michael	MD			310 Smith Ave North Suite 300	St. Paul	MN	55101	\$1,000.00	\$1,046.49	Honoraria	S&R	Doctor	Check
08/11/05	Frost	Michael	MD			310 Smith Ave North Suite 300	St. Paul	MN	55101	\$1,000.00	\$216.73	Honoraria	S&R	Doctor	Check
	GOBEL	JENNIFER	MD			1880 LIVINGSTON AVE	WEST SAINT PAUL	MN	55118-3425	\$30.00		Journal of Peds subscription	UCB		Check
06/08/05	GOLD	BESS	MD			5111 MINNETONKA BLVD	ST LOUIS PARK	MN	55416-2201	\$33.00		Lancet subscription	UCB		Check
	HALLGREN	Brenda	MD			3800 Park Nicolett Blvd.	Minneapolis	MN	55416	\$1,000.00		Speaker Fee	UCB	Doctor	Check
05/19/05	Harris	ROGER	MD			700 W PRAIRIE ST	BELLE PLAINE	MN	56011-1000	\$30.00		Journal of Peds subscription	UCB		Check
05/19/05	Harris	Pamela	MD			3800 Park Nicolett Blvd.	Minneapolis	MN	55416	\$1,500.00	\$93.86	Speaker Fee	UCB	Doctor	Check
	HART	RICHARD	MD			4544 COUNTY ROAD 134	SAINT CLOUD	MN	55416	\$1,000.00		Speaker Fee	UCB	Doctor	Check
	HEMMING	TIMOTHY				1547 LIVINGSTON AVE	WEST SAINT PAUL	MN	55118-3411	\$33.00		Lancet subscription	UCB		Check
	HOYAL	JAMES				401 1ST ST NW	CHISHOLM	MN	55719-1705	\$33.00		Journal of Peds subscription	UCB		Check
	HUTCHINSON	DAVID				330 N 8TH AVE E	DULUTH	MN	55805-2024	\$30.00		Journal of Peds subscription	UCB		Check
05/04/05	KATZER	JAMES	MD			290 MAIN ST NW	ELK RIVER	MN	55330-1270	\$30.00		Journal of Peds subscription	UCB		Check
08/19/05	Keiker	Pramod	MD			12000 Elm Creek Blvd. #200	Maple Grove	MN	55369	\$1,000.00	\$20.25	Speaker Fee	UCB	Doctor	Check
	Keiker	Pramod	MD			12000 Elm Creek Blvd. #200	Maple Grove	MN	55369	\$1,000.00		Speaker Fee	UCB	Doctor	Check

Name of Wholesale Drug Distributor/Manufacturer
UCB Pharma, Inc.

Address of Wholesale Drug Distributor/Manufacturer
1950 Lake Park Drive
Smyrna, GA 30080

MN Board of Pharmacy License Number
360006-7

Payment Date	Last Name	First Name	MJ	Credentialed	Affiliated Facility	Correspondence Address	City	State	Zip	Value of Payments	Travel Expenses	Payment Type	Vendor	Type of Recipients	Nature of Payment
	KOPROWSKI	SUZANNE				409 SE 13TH ST	GRAND RAPIDS	MI	55744-4257	\$30.00		Journal of Pediatrics subscription	UCB		
	KUNDEL	RAY				1000 E 1ST ST	DULUTH	MI	55805-2297	\$30.00		Journal of Pediatrics subscription	UCB		
	LAFOND	NICHOLAS				1865 W WAYZATA BLVD	LONG LAKE	MI	55386-9671	\$33.00		Lancet subscription	UCB		
	LEMIEUX	KELLY				2200 COMMERCE BLVD	MOUND	MI	55364-1547	\$30.00		Journal of Pediatrics subscription	UCB		
06/23/05	Leppik	Ilo	MD		University of Minnesota	7500 Western Ave	Golden Valley	MI	55427	\$1,500.00	\$965.52	Honoraria	S&R	Doctor	Check
06/23/05	Leppik	Ilo	MD		University of Minnesota	7500 Western Ave	Golden Valley	MI	55427	\$1,000.00	\$0.00	Honoraria	S&R	Doctor	Check
08/17/05	Leppik	Ilo	MD		University of Minnesota	7500 Western Ave	Golden Valley	MI	55427	\$1,500.00	\$0.00	Honoraria	S&R	Doctor	Check
	LOUNSBURY	ALFRED				303 E NICOLLET BLVD	BURNSVILLE	MI	55337-4522	\$33.00		Lancet subscription	UCB		
	LUTH	THOMAS				1335 10TH AVE E	SHAKOPEE	MI	55379-2901	\$33.00		Lancet subscription	UCB		
	MAGNUSON	ALLEN				615 S MILL ST	FERGUS FALLS	MI	56537-2756	\$30.00		Journal of Pediatrics subscription	UCB		
	MATSON	KRISTINE				706 DIVISION ST S	NORTHFIELD	MI	55057-2427	\$30.00		Journal of Pediatrics subscription	UCB		
	MCHUGH	JOSEPH				250 CENTRAL AVE N	WAYZATA	MI	55391-1206	\$33.00		Lancet subscription	UCB		
	MEHELKE	KATHRYN				1900 CENTRACARE CIR STE 1315	SAINT CLOUD	MI	56303-5000	\$33.00		Lancet subscription	UCB		
	MEHELKE	KATHRYN				1107 HART BLVD	MONTICELLO	MI	55382-9538	\$33.00		Lancet subscription	UCB		
	NEEMEC	GLENN				106 2ND AVE NW	SAINT JOSEPH	MI	56374-4106	\$33.00		Lancet subscription	UCB		
	NEWTON	THOMAS				17599 KENWOOD TRL	LAKEVILLE	MI	55044-8330	\$33.00		Lancet subscription	UCB		
	NIEBLING	THOMAS				1589 WHITE OAK DR	CHASKA	MI	55318-2919	\$33.00		Lancet subscription	UCB		
	OLSON	RICHARD				1589 WHITE OAK DR	CHASKA	MI	55318-2919	\$33.00		Lancet subscription	UCB		
	OMAN	VICTORIA				7765 PLEASON AVE NW	SOUTH HAVEN	MI	55382-3825	\$33.00		Lancet subscription	UCB		
	OTT	CHRISTOPHER				600 W 98TH ST	BLOOMINGTON	MI	55420-4773	\$33.00		Journal of Pediatrics subscription	UCB		
	OTT	CHRISTOPHER				600 W 98TH ST	BLOOMINGTON	MI	55420-4773	\$33.00		Journal of Pediatrics subscription	UCB		
	PAULSON	SUSAN				610 30TH AVE W	ALEXANDRIA	MI	56308-3426	\$33.00		Lancet subscription	UCB		
	PEDERSON	MARILOU				4020 WOOD END DR	EDINA	MI	55424-1441	\$30.00		Journal of Pediatrics subscription	UCB		
03/22/05	Penovich	Patricia	MD		The Minnesota Epilepsy Group, P.A.	344 Salem Church Road	St. Paul	MI	55118	\$1,500.00	\$416.33	Honoraria	S&R	Clinic	Check
05/31/05	Penovich	Patricia	MD		The Minnesota Epilepsy Group, P.A.	344 Salem Church Road	St. Paul	MI	55118	\$1,200.00	\$8.10	Honoraria	S&R	Clinic	Check
	RAHM	SCOTT				PO BOX 217	CLEARWATER	MI	55320-0217	\$33.00		Lancet subscription	UCB		
05/10/05	Ritter	Frank	J		The Minnesota Epilepsy Group, P.A.	1690 Neal Avenue N.	Stillwater	MI	55082	\$1,500.00	\$714.11	Honoraria	S&R	Doctor	Check
05/10/05	Ritter	Frank	J		The Minnesota Epilepsy Group, P.A.	1690 Neal Avenue N.	Stillwater	MI	55082	\$1,000.00	\$0.00	Honoraria	S&R	Doctor	Check
	SCHIEDT	WILLIAM				1809 ADAMS ST	MANIKATO	MI	56001-4841	\$33.00		Lancet subscription	UCB		
	SCHILLING	DEBORAH				1575 LOOKOUT DR	NORTH MANKATO	MI	56003-2503	\$30.00		Journal of Pediatrics subscription	UCB		
	SCHINDLER	RICHARD				908 W MAIN ST	ADAMS	MI	55909-9776	\$30.00		Journal of Pediatrics subscription	UCB		
	SEGEDY	MATTHEW				2805 CAMPUS DR STE 235	PLYMOUTH	MI	55441-2678	\$30.00		Journal of Pediatrics subscription	UCB		
	SHEIKH	FARRUKH				1900 CENTRACARE CIR STE 1315	SAINT CLOUD	MI	56303-5000	\$33.00		Lancet subscription	UCB		
	SIEFFERMAN	THOMAS				1607 ASHBURY PL	EAGAN	MI	55122-1223	\$33.00		Lancet subscription	UCB		
	SIMON	KATHARINE				8301 GOLDEN VALLEY RD STE 100	GOLDEN VALLEY	MI	55427-4469	\$33.00		Lancet subscription	UCB		
	SNEAD	GARY				4544 COUNTY ROAD 134	SAINT CLOUD	MI	56303-4665	\$30.00		Journal of Pediatrics subscription	UCB		
	SRINIVASAN	METUPALA				424 W HIGHWAY 5	WACONIA	MI	55387-1723	\$30.00		Journal of Pediatrics subscription	UCB		
	STEALEY	THOMAS				6545 FRANCE AVE S STE 400	EDINA	MI	55435-2115	\$33.00		Lancet subscription	UCB		
	STOY	THOMAS				811 2ND ST SE	LITTLE FALLS	MI	56345-3505	\$33.00		Lancet subscription	UCB		
	SWIHART	ERNEST				17705 HUTCHINS DR	MINNETONKA	MI	55345-4145	\$30.00		Journal of Pediatrics subscription	UCB		
04/01/05	Swihart	Ernest	MD		Southlake Pediatrics	Southlake Pediatrics	Minnetonka	MI	55345	\$1,000.00	\$0.00	Honoraria	S&R	Clinic	Check
04/15/05	Swihart	Ernest	MD		Southlake Pediatrics	Southlake Pediatrics	Minnetonka	MI	55345	\$1,000.00	\$21.06	Honoraria	S&R	Clinic	Check
04/15/05	Swihart	Ernest	MD		Southlake Pediatrics	Southlake Pediatrics	Minnetonka	MI	55345	\$1,000.00	\$21.06	Honoraria	S&R	Clinic	Check
05/03/05	Swihart	Ernest	MD		Southlake Pediatrics	Southlake Pediatrics	Minnetonka	MI	55345	\$750.00	\$19.44	Honoraria	S&R	Clinic	Check
07/12/05	Swihart	Ernest	MD		Southlake Pediatrics	Southlake Pediatrics	Minnetonka	MI	55345	\$1,000.00	\$23.09	Honoraria	S&R	Clinic	Check
07/12/05	Swihart	Ernest	MD		Southlake Pediatrics	Southlake Pediatrics	Minnetonka	MI	55345	\$1,000.00	\$52.65	Honoraria	S&R	Clinic	Check
07/28/05	Swihart	Ernest	MD		Southlake Pediatrics	Southlake Pediatrics	Minnetonka	MI	55345	\$1,500.00	\$172.26	Honoraria	S&R	Clinic	Check

Name of Wholesale Drug Distributor/Manufacturer
UCB Pharma, Inc.

Address of Wholesale Drug Distributor/Manufacturer
1950 Lake Park Drive
Smyrna, GA 30080

MN Board of Pharmacy License Number
360006-7

Payment Date	Last Name	First Name	MI	Credentials	Affiliated Facility	Correspondence Address	City	State	Zip	Value of Payments	Travel Expenses	Payment Type	Vendor	Recipients	Type of Payment
09/28/05	Swihart	Ernest		MD	Southlake Pediatrics	Southlake Pediatrics	Minnetonka	MIN	55345	\$1,500.00	\$377.39	Honoraria	S&R	Clinic	Check
10/05/05	Swihart	Ernest		MD	Southlake Pediatrics	Southlake Pediatrics	Minnetonka	MIN	55345	\$1,500.00	\$28.35	Honoraria	S&R	Clinic	Check
10/19/05	Swihart	Ernest		MD	Southlake Pediatrics	Southlake Pediatrics	Minnetonka	MIN	55345	\$1,500.00	\$121.25	Honoraria	S&R	Clinic	Check
	TATE	DOUGLAS				303 E NICOLLET BLVD	BURNSVILLE	MIN	55337-4822	\$90.00		Journal of Peds subscription	UCB	Clinic	Check
	TEKIPPE	STEVEN				716 S KENWOOD AVE	MOOSE LAKE	MIN	55767-9405	\$30.00		Journal of Peds subscription	UCB	Clinic	Check
	THAUWALD	CRAIG				208 CENTER TOWN PLZ N	STEWARTVILLE	MIN	55976-1245	\$33.00		Lancet subscription	UCB	Clinic	Check
	THOMSEN	VICKI				3250 W 66TH ST STE 210	EDINA	MIN	55435-2528	\$90.00		Journal of Peds subscription	UCB	Clinic	Check
	VASQUEZ	FABIO				2200 COMMERCE BLVD	MOUND	MIN	55364-1547	\$33.00		Lancet subscription	UCB	Clinic	Check
	VILASECA	LUIS				3470 WASHINGTON DR STE 2	EAGAN	MIN	55122-1355	\$30.00		Journal of Peds subscription	UCB	Clinic	Check
	WELTERS	JAMES				1485 COUNTY RD 101 N	PLYMOUTH	MIN	55447-3078	\$33.00		Lancet subscription	UCB	Clinic	Check
	WOBHRLE	JANET				215 SE 2ND AVE	GRAND RAPIDS	MIN	55744-3615	\$30.00		Journal of Peds subscription	UCB	Clinic	Check
04/13/05	Wyatt	Richard		MD		3800 Park Nicollet Blvd.	Minneapolis	MIN	55416	\$1,000.00		Speaker Fee	UCB	Doctor	Check
09/14/05	Wyatt	Richard		MD		3800 Park Nicollet Blvd.	Minneapolis	MIN	55416	\$1,500.00	\$65.05	Speaker Fee	UCB	Doctor	Check
	ZUREK	JOHN				3366 OAKDALE AVE N	ROBBINSDALE	MIN	55422-2948	\$33.00		Lancet subscription	UCB	Clinic	Check



Novartis Vaccines & Diagnostics, Inc.
4560 Horton Street
Emeryville, California 94608-2916

Tel 510 655 8730
Corporation Fax 510 654 5360
Litigation Fax 510 923 2429
Intellectual Property Fax 510 655 3542
www.novartis.com

RECEIVED AT
MAY 22 2006
MINNESOTA BOARD
OF PHARMACY

Law Department

May 16, 2006

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

To Whom it May Concern:

Pursuant to Minnesota statute sec. 151.47, I forward to you on behalf of Novartis Vaccines and Diagnostics, Inc. (formerly Chiron Corporation), the Gifts to Practitioners Report for the period 1/1/05 through 12/31/05. We submit the report based upon our good faith understanding of Minnesota law.

The attached report lists three practitioner entries for aggregated payments for 2005.

Payments made to sponsors of medical conferences or to healthcare organizations for educational programs are generally not included in this report. Novartis Vaccines & Diagnostics, Inc. usually funds these programs via grants, which are not paid directly to healthcare practitioners.

This report does not include payments made to practitioners by third party vendors, such as Clinical Research Organizations (CROs) that are made in connection with clinical studies.

If you have any questions regarding this report, please contact me at 510-923-2366.

Sincerely,

Robert E. Johnson
Chief Compliance Officer
Novartis Vaccines & Diagnostics, Inc.

RECEIVED AT
JUN 05 2006
MINNESOTA BOARD
OF PHARMACY

June 31, 2006

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

Re: Gifts to Practitioners

Attached is Eisai Inc.'s Annual Report of payments to Practitioners licensed in Minnesota. The report includes the nature and value of any payments during the calendar year 2005.

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

Thank You,



Steven Brown
Associate Director Marketing Finance
Eisai Inc.
Glenpointe Center West
500 Frank W. Burr Blvd.
Teaneck, NJ 07666
(201) 287-2394

cc: Shaji John
David Sandoval
Francine Obregon

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Eisai Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Glenpointe Centre West, 500 Frank W. Burr Blvd., Teaneck NJ 07666

MINI BOARD OF PHARMACY LICENSE NUMBER 460110-4

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 (6), 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 Payment	Type of Payment
Amy Rillo	1037 19th Ave, Southwest, Willmar, MN	\$ 2,000	Honoraria
Rex Stanley	1020 Bandana Blvd. West, Saint Paul, MN	\$ 500	Honoraria
Thomas J.	435 S Grove St, Suite 1, Blue Earth, MN	\$ 1,500	Honoraria
Dr. Joanne B. Rogin	2211 Anstrian Pine Lane, Edina, MN	\$ 1,500	The Minneapolis Clinic of Neurology, LTD.
Dr. Kevin Xie	903 Morning Star Ct, St Cloud, MN	\$ 1,250	St Cloud Medical Group Northwest Clinic
Dr. William Orr	3537 Great Place, New Orleans, MN	\$ 500	Arnaud's - Dinner Program
Dr. Daniel Lachance	3768 David Lane, Minneapolis, MN	\$ 1,082	Solera - - Dinner Program
Dr. Daniel Lachance	3768 David Lane SW, Rochester, MN	\$ 300	Perkins - Dinner Program
Dr. Jennifer Olson	2700 Sylvan Road, New Hope, MN	\$ 1,000	New Hope Crystal Medical Center
Dr. Alvin Holm	2494 Morrison Street, St Paul, MN	\$ 750	Forepaugh's Restaurant - Dinner Program
Dr. Richard Golden	4820 Lodge Lane, Coon Rapids, MN	\$ 1,000	Canyon Grill - Dinner Program
Dr. Michael Frost	310 Smith Ave North, Ste. 300, Madison, MN	\$ 2,044	Capitol Chophouse
Dr. William Orr	3537 Great Oaks Place, Sioux Falls, MN	\$ 1,000	Sheraton Convention Center
Dr. Michael Frost	310 Smith Ave North, St. Paul, MN	\$ 1,000	Gillette Childrens Hospital
Dr. Michael Frost	310 Smith Avenue, St. Paul, MN	\$ 500	Moscow On The Hill - Dinner Program
Dr. William Orr	3537 Great Oaks Place, Gilbert, MN	\$ 1,593	Esquagama Country Club
Dr. William Orr	3537 Great Oaks Place, Aurora, MN	\$ 1,000	Saint Mary's Duluth Clinic
Dr. Michael Frost	8155 Galway CR, Peoria, MN	\$ 1,500	office of Dr. Blas Zelaya
Dr. Kevin Xie	903 Morning Star, St. Cloud, MN	\$ 1,250	CentralCare River Campus
Dr. William Orr	3537 Great Oaks Place, Sioux Falls, MN	\$ 1,052	Foleys - Dinner Program
Dr. Richard Golden	4820 Lodge Lane, Hudson, MN	\$ 1,038	MaMa Maria's Italian Ristorante - Dinner Program
Dr. Merlin Nelson	101 Willmar Ave., SW, Benson, MN	\$ 1,026	Affiliated Community Medical Centers
Dr. William Orr	2550 University Avenue W - Ste 229N, Bloomington, MN	\$ 1,009	Mall of America
Dr. Kevin Xie	903 Moring Star Court, Saint Cloud, MN	\$ 1,250	Childrens Hospital of Pittsburg
Dr. Michael Frost	8155 Galway CR, Pittsburg, MN	\$ 1,530	Education Grants
American Academy of Neurology	1080 Montreal Avenue, St. Paul MN 066022	\$ 120,000	Education Grants
American Academy of Neurology	1080 Montreal Avenue, St. Paul MN 066024	\$ 50,000	Education Grants
COLUMBIA PARK EDUCATION & RESEARCH	6401 UNIVERSITY AVE. NE SUITE 200, FRIDLEY MN 062681	\$ 500	Education Grants
EPILEPSY FOUNDATION OF MINNESOTA	1600 UNIVERISTY AVE. C/O VICKIE KOP, ST. PAUL MN 062692	\$ 1,000	Sponsorship
EPILEPSY FOUNDATION OF MINNESOTA	1600 UNIVERISTY AVE. C/O VICKIE KOP, ST. PAUL MN 063963	\$ 1,000	Sponsorship
EPILEPSY FOUNDATION OF MINNESOTA	1600 UNIVERISTY AVE. C/O VICKIE KOP, ST. PAUL MN 069691	\$ 1,000	Sponsorship
IIO LEPPIK, MD	7500 WESTERN AVE, GOLDEN VALLEY MN 068728	\$ 2,874	Honoraria

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Eisai Inc.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Glenpointe Centre West, 500 Frank W. Burr Blvd., Teaneck NJ 07666

MINNESOTA BOARD OF PHARMACY LICENSE NUMBER 460110-4

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 (6), 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 Payment	Type of Payment
Minneapolis Clinic Of Neurology	4225 Golden Valley Rd., Golden Valley MN 068605	\$ 1,000	Sponsorship
MMDA	15111 TWELVE OAKS CTR. DR., MINNETONKA MN 067496	\$ 1,000	Advisory Board
TROY PAYNE	2025 STEARNS WAY, ST. CLOUD MN 065103	\$ 500	Preceptorships
Daniel Weisdorf, MD	420 Delaware Street, SE Minneapolis MN 009772	\$ 2,500	Honoraria
JAMES R. JETT DR.	MAYO CLINIC 200 FIRST STREET, S.W. ROCHESTER MN 009100	\$ 2,500	Clinical Consulting
JAMES R. JETT DR.	MAYO CLINIC 200 FIRST STREET, S.W. ROCHESTER MN 009572	\$ 296	Clinical Consulting
STEVEN R ALBERTS, MD	3065 GRAND VIEW LANE, SWBYRON, MN 008741	\$ 2,500	Clinical Consulting



Daiichi-Sankyo

DAIICHI SANKYO, INC.

Two Hilton Court, Parsippany, NJ 07054

Tel 973 359 2600, Fax 973 359 2645

VIA UPS

June 12, 2006

Minnesota Board of Pharmacy
2829 University Avenue Southeast, Suite 530
Minneapolis, MN 55414-3251
612-617-2201

RECEIVED At
JUN 14 2006
MINNESOTA BOARD
OF PHARMACY

Re: 2005 Gifts to Practitioners – Sankyo Pharma Inc. #361040-0

To Whom It May Concern:

Pursuant to Minnesota Statutes §151.461, (3) – (5) and §151.47, subd. 1 (f), enclosed please find the above-referenced completed report for Sankyo Pharma Inc. (“SPI”).

In addition, please be advised as per our recent communication to you dated April 24, 2006, effective on or about March 31, 2006, SPI’s name was changed to Daiichi Sankyo, Inc. (“DSI”). The address remains unchanged (Two Hilton Court, Parsippany, NJ 07054).

DSI is respectfully requesting that the information contained in this submission be protected from disclosure pursuant to Minnesota Statutes Chapter 13 (the “Law”) as nonpublic data and private data on individuals. The enclosed information supplied by DSI is, among other items protected from disclosure by the Law, a compilation of data maintained by DSI as confidential, i.e., “secret,” and from which DSI derives or potentially derives economic value from the compilation not being generally available to others. As such, the elements of a nonpublic “trade secret” set forth in Minnesota Statutes §13.37 are satisfied. In this regard, we have designated the enclosures as “NOT FOR DISCLOSURE: NONPUBLIC TRADE SECRET AND PRIVATE DATA ON INDIVIDUALS.”

**CONFIDENTIAL: NONPUBLIC TRADE SECRET
AND PRIVATE DATA ON INDIVIDUALS ENCLOSED**

If you have any questions or require additional information, please do not hesitate to contact me at 973-630-2803. Thank you for your anticipated cooperation in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Carey Smith". The signature is fluid and cursive, with the first name "Carey" being more prominent and the last name "Smith" following in a similar style.

Carey Smith
Supervisor, Senior Paralegal
Legal Affairs Department

Enclosures

CONFIDENTIAL: NONPUBLIC TRADE SECRET AND PRIVATE DATA ON INDIVIDUALS ENCLOSED



Daiichi-Sankyo

DAIICHI SANKYO, INC.
Two Hilton Court, Parsippany, NJ 07054
Tel 973 359 2600, Fax 973 359 2645

April 24, 2006

Minnesota Board of Pharmacy
2829 University Avenue, SE #530
Minneapolis, MN 55414-3251

Name Change Notification

Re: Sankyo Pharma Inc. Drug Wholesaler License No. 361040-0

Dear Sir or Madame:

Sankyo Pharma Inc. ("SPI") holds Minnesota Wholesaler License number 361040-0. Effective on or about March 31, 2006, SPI's name was changed to Daiichi Sankyo, Inc. The address remains unchanged (Two Hilton Court, Parsippany, NJ 07054).

If you have any questions, please contact me directly.

Sincerely,

Craig Bleifer
Secretary

Minnesota Board of Pharmacy

Name of Wholesale Drug Distributor/Manufacturer: Sankyo Pharma Inc.
 Address of Wholesale Drug Distributor/Manufacturer: Two Hilton Court, Parsippany, NJ 07054
 MN Board of Pharmacy License Number: 361040-0

Name of Practitioner	Address	City	State	Zip	Meals	Honorariums	Total
Dr. L. Godishala	825 South 8 Street Suite 206	Minneapolis	MN	55404	\$ 252.32	40,475.00	\$40,727.32
Dr. C Dunham	1814 North St Paul Road	Saint Paul	MN	55109	\$ 629.65	30,300.00	\$30,929.65
Dr. Hoadley Harris	3280 20th Street South	Fargo	ND	58104	\$ -	12,500.00	\$12,500.00
Dr. Tarn	8404 West 13th Street, Suite D-130	Wichita	KS	67212	\$ -	12,250.00	\$12,250.00
Dr. Storvick	123 Red Oak Ct	Mankato	MN	56001	\$ 22.21	12,100.00	\$12,122.21
Dr. C John Baumgartner	5109 W 66th Street	Minneapolis	MN	55439	\$ -	12,100.00	\$12,100.00
Dr. Mornmsen	1814 North Saint Paul Road	Maplewood	MN	55109	\$ 593.13	10,500.00	\$11,093.13
Dr. Oparil	1034 Zeigler Research Building	Birmingham	AL	35294	\$ -	8,500.00	\$8,500.00
Dr. Aaronson	1001 E 21st St Suite 300	Sioux Falls	SD	57105	\$ 31.68	7,000.00	\$7,031.68
Dr. Adkins	2116 Craig Rd	Eau Claire	WI	54701	\$ 194.37	6,000.00	\$6,194.37
Dr. Maierhofer	113 Canterbury Road	Eau Claire	WI	54701	\$ -	6,000.00	\$6,000.00
Rizza, Robert	507 SW 9th Avenue		MN		\$ -	4,532.00	\$4,532.00
Dr. G Stringer	921 Greeley St.	Stillwater	MN	55802	\$ 919.50	3,500.00	\$4,419.50
Dr. R Rosenson	Telephorus, Inc.	Chicago	IL	60611	\$ -	4,000.00	\$4,000.00
Dr. Holten	737 Broadway	Fargo	ND	58102	\$ 357.36	3,000.00	\$3,357.36
Dr. Ketroser	6405 France Avenue S., Suite 150	Edina	MN	55435	\$ 19.38	3,000.00	\$3,019.38
Dr. J Dawson	730 E 34th St	Hibbing	MN	55746	\$ 58.19	2,500.00	\$2,558.19
Dr. M Greathouse	13 Thorn Street	Sewickley	PA	15143	\$ -	2,500.00	\$2,500.00
Dr. M Moore	144 Winston Court	Darville	VA	24541	\$ -	2,500.00	\$2,500.00
Dr. Van Reken	172 Schiller St.	Eimhurst	IL	60126	\$ -	2,500.00	\$2,500.00
Dr. A Ferrara	2980 Buckley Way	Inver Grove Heights	MN	55076	\$ 35.36	2,350.00	\$2,385.36
Dr. E Robson	3017 Bloomington Ave., S.	Minneapolis	MN	55407	\$ 561.57	1,500.00	\$2,061.57
Minnesota Pharmacists Assoc.	1935 W. County Rd. B-2, Suite 165	Roseville	MN	55113	\$ -	2,000.00	\$2,000.00
Dr. Kieley	825 S 8th St Suite 600	Minneapolis	MN	55404	\$ 430.29	1,500.00	\$1,930.29
Dr. G Kennedy	600 4th St. S.	Fargo	ND	58103	\$ 362.14	1,500.00	\$1,862.14
Dr. R Kim	6000 Earle Brown Drive	Brooklyn Center	MN	55430	\$ 275.98	1,500.00	\$1,775.98
Dr. L Mulmed	710 E. 24th Street, Suite 405	Minneapolis	MN	54404	\$ 153.71	1,500.00	\$1,653.71
Dr. W Cooper	9055 Springbrook Dr Nw	Coon Rapids	MN	55433	\$ 152.16	1,500.00	\$1,652.16
Dr. D. Gilbertson	2315 Como Ave.	Saint Paul	MN	55108	\$ 634.39	1,000.00	\$1,634.39
Dr. S Hallstrom	1814 N. Saint Paul Road	Maplewood	MN	55109	\$ 614.31	1,000.00	\$1,614.31
Dr. McCulloch	825 South 8th St., Suite 206	Minnetonka	MN	55343	\$ 110.51	1,500.00	\$1,610.51
Johnson, Michael, N.P.	5300 153rd Ave., N.W.	Ramsey	MN	55303	\$ -	1,500.00	\$1,500.00
Dr. Derrick Williams	1797 Prior Ave.	Falcon Heights	MN	55113	\$ 166.41	1,250.00	\$1,416.41
Dr. Finell	420 Gallry Medical Bldg.	St. Paul	MN	55102	\$ 378.99	1,000.00	\$1,378.99
Dr. C Callaghan	17 Exchange St W Ste 420	Saint Paul	MN	55102	\$ 369.43	1,000.00	\$1,369.43
Dr. Divine	825 S. 8th St Suite 600	Minneapolis	MN	55404	\$ 330.41	1,000.00	\$1,330.41
Dr. Kauffman	825 South 8 Street #914	Minneapolis	MN	55404	\$ 315.39	1,000.00	\$1,315.39
Dr. Tveten	2315 Como Ave.	St. Paul	MN	55108	\$ 269.73	1,000.00	\$1,269.73
Dr. Skildum	1540 Randolph St.	St. Paul	MN	55105	\$ 247.62	1,000.00	\$1,247.62
Dr. H Smith	825 South 8th St., Suite 206	Minneapolis	MN	55404	\$ 211.74	1,000.00	\$1,211.74
Dr. M Manoj	9055 Springbrook	Coon Rapids	MN	55433	\$ 177.48	1,000.00	\$1,177.48
Dr. M Seggley	921 Greeley St.	Stillwater	MN	55082	\$ 665.86	500.00	\$1,165.86
Dr. Joy Anderson	7675 Madison St Ne	Fridley	MN	55432	\$ 110.26	1,000.00	\$1,110.26