



7050 Camp Hill Road, Fort Washington, PA 19034-2299 Main Phone 215.273.7000

FAX COVER SHEET

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|--------------------------------|
| TO: Kathy Polson - Adam |
| COMPANY: |
| FAX: 612-617-2212 |

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|--|
| FROM: Sue Quick |
| McNEIL's FAX OR EMAIL ADDRESS: |
| MESSAGE: |
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| NO. PAGES (INCLUDING COVER SHEET) |
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CONFIDENTIALITY NOTICE:
 This facsimile transmission cover sheet and any documents which may accompany it contains information from McNeil Consumer and Specialty Pharmaceuticals, Division of McNeil-PPC, Inc. which may contain information that is privileged, confidential, and/or otherwise exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, any disclosure, dissemination, distribution, copying or other use of this communication or its substance is prohibited. If you have received this communication in error, please call us collect to arrange for the destruction of the communication or its return to us at our expense. Thank You



4060 Butler Pike, Suite 220, Plymouth Meeting, PA 19462 - Main Phone 215-273-7676

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 Patriot Pharmaceuticals, LLC's annual report for items and payments provided to Minnesota practitioners, which is being filed in accordance with Minn. Stat. Sec. 151.47. Patriot Pharmaceuticals, LLC'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).

Sincerely,

A handwritten signature in black ink, appearing to read "S. Quirk", is written over the typed name.

Susan Quirk
HCC Director, State
Reporting

Attachment

MINNESOTA BOARD OF PHARMACY
 2005 REPORTING STATEMENT
 TO: KATHY KILSBOY-ADAM
 612-617-2312

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER: 4060 Butler Pike, Suite 220, Piquette Meeting, PA 19462

NAME OF WHOLESALE DRUG
 DISTRIBUTOR/MANUFACTURER
 Patriot Pharmaceuticals, LLC

MINNESOTA PHARMACY LICENSE
 NUMBER: 260898-5 (Issued to JIM
 Pharmaceutical Services, 201 French Road,
 Bridgewater, NJ 08807) and 310498-2 (Issued to
 JCAL Pharmaceutical Services, One Crumwell Lane,
 Somerset, NJ 08873)

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 Spending To Report

MINNESOTA BOARD OF PHARMACY
 2005 REPORTING STATEMENT
 TO: KATHY POLSOM-ADAM
 612-617-2212

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER
 732 Louis Drive, Warminster, PA 18974

NAME OF WHOLESAL DRUG
 DISTRIBUTOR/MANUFACTURER
 OraPharma

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 | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|-------------------|--|
| Gary Jernberg, DDS | Jernberg Biotechnology Inc, 99 Navaho Ave., Suite 102, Mankato, MN 56001 | \$489,412 | Product Development Royalties |
| Gary Jernberg, DDS | 99 Navaho Ave., Suite 102, Mankato, MN 56001 | \$30,000 | Consulting Fee in relation to product development |
| Gary Jernberg, DDS | 99 Navaho Ave., Suite 102, Mankato, MN 56001 | \$950 | Consulting Fee in relation to speaking engagement (2 programs) |
| Elizabeth A Olsen, RDH | North Suburban Dental Hygiene Services 14575 268th Ave., NW, Zimmerman, MN 55398 | \$3,675 | Contracted Fee in relation to distributing product information |

Bayer HealthCare Pharmaceuticals
Payments to Minnesota Healthcare Practitioners
(Report Period - 1/1/05 - 12/31/05)

| NAME | STREET | CITY | STATE | ZIP | AMT | TYPE OF PAYMENT |
|-------------------------------|--|--------------------|--------------|------------|-----------------|------------------------|
| Dean Melnyk, MD | 1215 Balsam Trail East | Eagan | MN | 55123 | \$500.00 | Honoraria |
| | | | | | \$52.00 | Expense Reimbursement |
| Dean Melnyk Total | | | | | \$552.00 | |
| Krasimir George Bohanov | 1030 Overlook Road | St. Paul | MN | 55118 | \$500.00 | Honoraria |
| | | | | | \$45.00 | Expense Reimbursement |
| Krasimir Bohanov Total | | | | | \$545.00 | |
| Kathy Ensrud | 6-160 Jackson Hall Dept of GCD 321 Church St. S.E | Minneapolis | MN | 55455 | \$254.03 | Expense Reimbursement |
| Kathy Ensrud Total | | | | | \$254.03 | |
| Kariye Parent | 6-160 Jackson Hall Dept of GCD 321 Church St. S.E | Minneapolis | MN | 55455 | \$225.21 | Expense Reimbursement |
| Kariye Parent Total | | | | | \$225.21 | |
| Thomas Kersten, MD | 709 Meadow Lane South | Golden Valley | MN | 55416 | \$500.00 | Honoraria |
| | | | | | \$53.00 | Expense Reimbursement |
| Thomas Kersten Total | | | | | \$553.00 | |
| Ronda Bolgrea, RN | 902 8th Ave SE | Barnesville | MN | 56514 | \$500.00 | Honoraria |
| | | | | | \$32.69 | Expense Reimbursement |
| Ronda Bolgrea Total | | | | | \$532.69 | |
| Agnes E. Aysola, MD | 1611 Oak Ave | Arden Hills | MN | 55112 | \$500.00 | Honoraria |
| | | | | | \$408.86 | Expense Reimbursement |
| Agnes Aysola Total | | | | | \$908.86 | |
| Anton Rohan, MD | 16980 Northridge Ave. N. | Marine on St. Cros | MN | 55047 | \$500.00 | Honoraria |
| Brian W. Arneson | 3035 16th Ave. NW | Rochester | MN | 55901 | \$1,172.06 | Expense Reimbursement |
| Rebecca Wistrom | 1368 9th Ave SE | Rochester | MN | 55904 | \$152.67 | Expense Reimbursement |
| Beverly Christie | 208 Windsor Court | New Brighton | MN | 55112 | \$1,250.00 | Honorarium |
| Kristin Epland, FNP-C | 3460 Holly Lane North | Plymouth | MN | 55447 | \$2,500.00 | Honoraria |

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

AmerisourceBergen

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1920 64th Ave S.

MN BOARD OF PHARMACY LICENSE NUMBER

361232-7

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 (9) 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.)

NA

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS



RECEIVED AT
DEC 15 2005
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

McKesson Drug Company

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

520 E. North Avenue
Cassel Street, IL 60108

MN BOARD OF PHARMACY LICENSE NUMBER

361549-2

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 (9) 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.

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NONE

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 15 2005

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Amex isource Bergen Corp

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1825 S. 43rd AVE. Suite B Phoenix, AZ 85009

MIN BOARD OF PHARMACY LICENSE NUMBER

361173-9

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 (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.

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N/A

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 15 2005

MINNESOTA BOARD OF PHARMACY



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

DRx Pharmaceuticals Consultants

MN BOARD OF PHARMACY LICENSE NUMBER

360843-6

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

5439 W. FARO AVE, SKOKIE, IL 60077

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

| NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|-------------------------|-------------------|------------------|
| RECEIVED AT | | | |
| DEC 15 2005 | | | |
| MINNESOTA BOARD OF PHARMACY | | | |
| [The remaining rows of the table are crossed out with a large diagonal line.] | | | |

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

4104 Robertson Rd Madison WI 53714

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 PHARMACY LICENSE NUMBER
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Alga Coas
359983-5

American Wellbeing
& Steel Supply

0

RECEIVED AT

DEC 15 2005

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Healthpoint, Ltd.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

3909 Hulken St. Fort Worth

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 (9) TO (6), 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

N/A

VALUE OF PAYMENTS

0

TYPE OF PAYMENTS

N/A

RECEIVED AT

DEC 15 2005

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

DDN/Obergfel, LLC

MN BOARD OF PHARMACY LICENSE NUMBER

360655-3

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1560 A S. Baker Ave Ontario CA 91761

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 (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

RECEIVED DATE OF PAYMENTS

DEC 15 2005

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

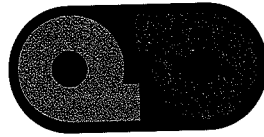
MINNESOTA STATUTES REQUIRE WHOLESAL DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT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

VALUE OF PAYMENTS

TYPE OF PAYMENTS



PrecisionDose

722 Progressive Lane
South Beloit, IL 61080

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

AGA Gas Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

4104 Robertson Rd Madison WI 53714

MN BOARD OF PHARMACY LICENSE NUMBER

459779-7

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 (9) 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.)

*American Welding
Supplies*

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

0

TYPE OF PAYMENTS

0

RECEIVED AT
DEC 16 2005
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

BANYAN INTL. CORP.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2118 E. INTERSTATE 20, ABILENE, TX 79604

MN BOARD OF PHARMACY LICENSE NUMBER

360719-6

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

NONE

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
DEC 16 2005
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

AMER SOURCE BERGEN Corp

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

101 Norfolk St Mansfield, MA 02048

MN BOARD OF PHARMACY LICENSE NUMBER

361177-1

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 (9) 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.

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N/A

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VALUE OF PAYMENTS

TYPE OF PAYMENTS

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MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

BE 1665 CORPORATION
 MN BOARD OF PHARMACY LICENSE NUMBER
 361327 - 1

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

7887 UNIVERSITY BLVD. DES MOINES IA 50325

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 ACTIVITY | | | |
| | | | RECEIVED AT |
| | | | DEC 19 2005 |
| | | | MINNESOTA BOARD OF PHARMACY |
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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

VALUE OF PAYMENTS

TYPE OF PAYMENTS

None

Melvin Taylor 12/15/05



400 First Street, Suite 250
Middletown, PA 17057 USA

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

AGA Gas Inc

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

4804 Robertson Rd Madison WI 53718

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 |
|---|--|-------------------|------------------|
| Welding Supplies & Fire Equip | 219 East Junius Ave Fergus Falls MN 56537 | 0 | 0 |
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RECEIVED AT
DEC 19 2005
MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER | MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. | MIN BOARD OF PHARMACY LICENSE NUMBER | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|---|---|--------------------------------------|-------------------------|-------------------|------------------|
| KENCO KNOXVILLE | 1704 MID PARK DRIVE KNOXVILLE, TN 37921 | | 360146-4 | | | |
| NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) | | | | | | |
| NONE | | | | | | |
| DISTRIBUTION FACILITY ONLY | | | | | | |
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RECEIVED AT
 DEC 19 2005
 BOARD OF PHARMACY
 MINNESOTA

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Moore Medical LLC
 MN BOARD OF PHARMACY LICENSE NUMBER
 B100611-3

8100 Westside Ind Dr, Blad 4, Jacksonville, FL 32219

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ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

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W/A

RECEIVED AT

DEC 19 2005

MINNESOTA BOARD OF PHARMACY

| NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER | ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER | MN BOARD OF PHARMACY LICENSE NUMBER | NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|--|---|-------------------------------------|---|-------------------------|-------------------|------------------|
| RxUSA Wholesale, Inc. | 81 Seaview Boulevard, Port Washington, NY 11050 | 361626-8 | N/A | N/A | N/A | N/A |
| <p>MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.</p> | | | | | | |
| <p>RECEIVED AT DEC 11 9 2005 MINNESOTA BOARD OF PHARMACY</p> | | | | | | |

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Amensoum Bergan
MN BOARD OF PHARMACY LICENSE NUMBER

3609369

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2100 Durantas Road Orlando, FL 32809

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 (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

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No reportable activity

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DEC 19 2005

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MeritCare Hospital Pharmacy

801 Broadway N. Fargo ND 58122

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.

360973 -8

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
Hy-Vee, Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
1801 Osceola Ave.; Chariton, IA 50049

MIN BOARD OF PHARMACY LICENSE NUMBER
360588-4

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 \$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 made to Any Practitioners at any time | | 0 | N/A |
| | Robert Egeland, R.Ph. | | RECEIVED AT DEC 19 2005 MINNESOTA BOARD OF PHARMACY |
| | Robert Egeland, R.Ph. Asst. V. President, Pharmacy Operations Hy-Vee, Inc. 515-453-2784 | | |
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NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Lil' Drug Store Products, Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1201 Continental Place NE ; Cedar Rapids, IA 52402

MN BOARD OF PHARMACY LICENSE NUMBER

360090-2

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

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No Activity to Report

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DEC 19 2005

MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

KINRAI INC
361237-2

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

152-35 10TH AVE Whitesboro NY 10573

MN BOARD OF PHARMACY LICENSE NUMBER

361237-2

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| NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) | ADDRESS OF PRACTITIONER | VALUE OF PAYMENTS | TYPE OF PAYMENTS |
|---|-------------------------|-------------------|-----------------------------|
| NONE | | | |
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| | | | RECEIVED AT |
| | | | DEC 19 2005 |
| | | | MINNESOTA BOARD OF PHARMACY |
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MINNESOTA BOARD OF PHARMACY

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

No Reportable Activity
12/1/2015 Paul Winklerbill RPH

