

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Wolff DRUG

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

207 N. main ST, Pierz, MN 56364

MN BOARD OF PHARMACY LICENSE NUMBER

261051-1

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

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

ADDRESS OF PRACTITIONER

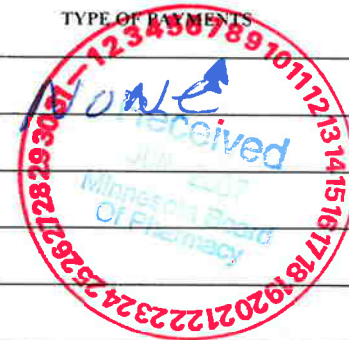
VALUE OF
PAYMENTS

TYPE OF PAYMENTS

NONE

NONE

NONE



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

AGA Kinde Gas

MN BOARD OF PHARMACY LICENSE NUMBER

359887-8

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

4104 Robertson Rd Madison WI 53718

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.)

Welding Supplies & Air Equip

ADDRESS OF PRACTITIONER

219 East Junius Ave
Fergus Falls MN 56537

VALUE OF PAYMENTS

0

TYPE OF PAYMENTS

0

Bimeda

From: Paul Rice **Date:** January 4, 2007
To: Cody Wiberg PharmD RPh, Board of Pharmacy **cc:** Jeff Hancock
Subject: Gifts to Practitioners

Dear Mr Wiberg,

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

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

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

Sincerely,



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

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

BIMEDA INC

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

291 Forest Prairie Road, Le Sueur MN 56058

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

NO GIFTS OVER \$100 GIVEN TO PHARMACISTS IN 2006 FALLER 1/4/07

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

PHAR MEDIUM SERVICES, LLC

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

913 N DAVIS AVE
CLEVELAND, MS 38732

MN BOARD OF PHARMACY LICENSE NUMBER

460137-9

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

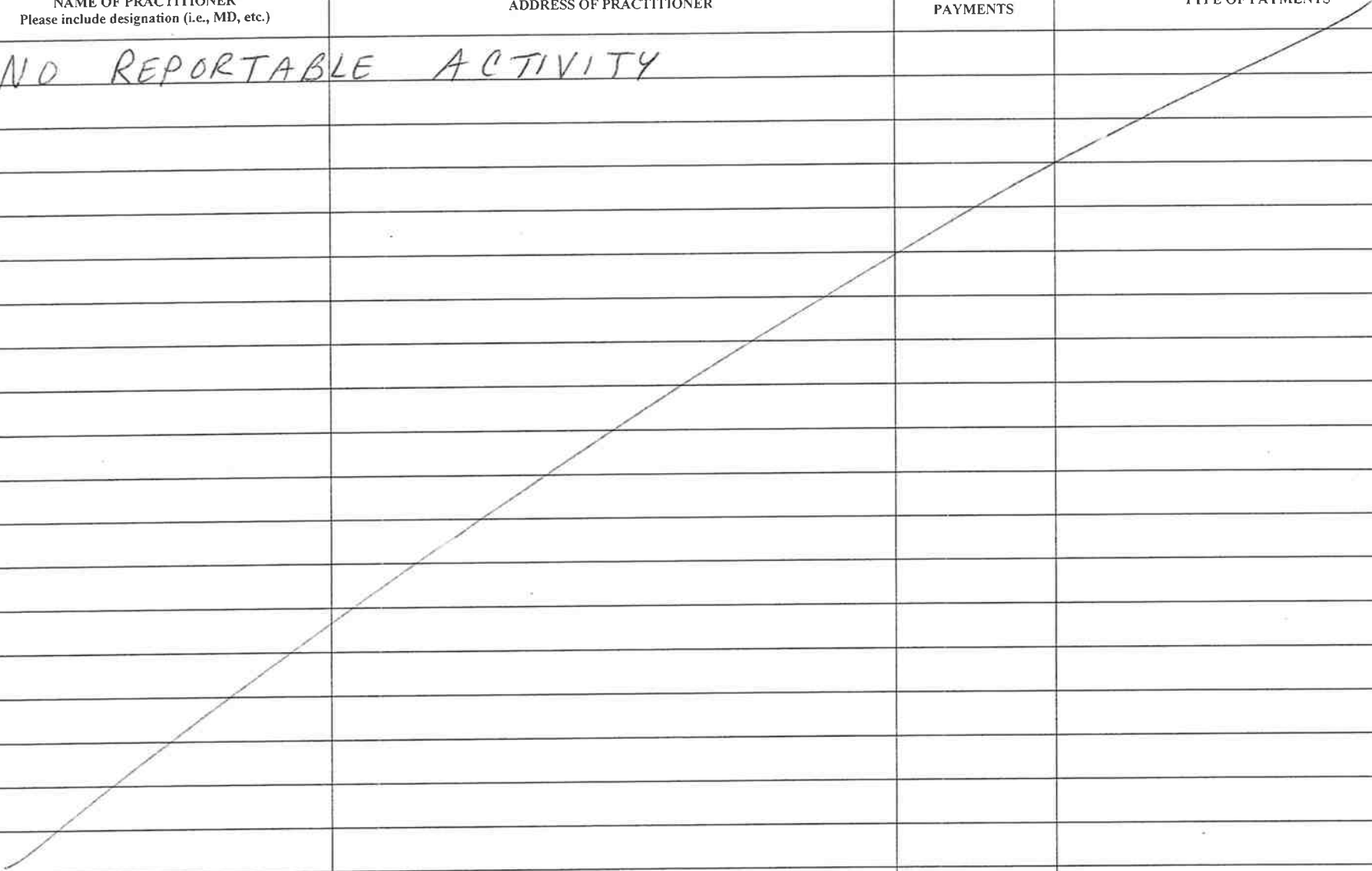
NAME OF PRACTITIONER
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF
PAYMENTS

TYPE OF PAYMENTS

NO REPORTABLE ACTIVITY





December 21, 2006

Board of Pharmacy
Attn: Cody Wiberg
2829 University Ave. SE. #530
Minneapolis, MN 55414-3251
612-617-2201

Dear Board of Pharmacy,

HealthPartners Pharmacies is responding to the letter received of Subject "Reporting of Payments made to Practitioners in Calendar Year 2006". HealthPartners Pharmacy is reporting that we no report of providing payments, honoraria, reimbursement or other compensation to any licensed practitioners in 2006. If you have any questions referencing this letter, please contact me directly.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "David L. Busch", written over a horizontal line.

David L. Busch, R.Ph., M.S.,
HealthPartners Director of Pharmacy Services
PO Box 1309
Minneapolis, MN 55440-1309
Phone # 952-967-5049



152-35 • TENTH AVENUE • WHITESTONE • NY • 11357

December 20, 2006

Minnesota Board of Pharmacy
2829 University Ave. Southeast, Suite 350
Minneapolis, MN 55414-3251

Re: Reporting of Payments made to Practitioners in Calendar Year 2006

Please be informed as per the attached form, Kinray has not made any payments or paid compensation to any group or persons identified in your letter.

Sincerely:


Howard Hershberg

Kinray Inc.
Lic: # 361237-2

Copy: File MN Lic/