

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

WalSpring Pharmaceutical Corp

9040 TOWN CENTER PKWY, SUITE 205, BRADENTON, FL 34262

MN BOARD OF PHARMACY LICENSE NUMBER

460202-2

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 —



Corporate Offices
5600 Blazer Parkway
Dublin, OH 43017
Ph: (614) 761-9095
Fax: (614) 761-9096
www.AccessButler.com

December 31, 2005

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

Re: Gifts to Practitioners

To Whom It May Concern:

On July 1, 2005 W. A. Butler Company (The Butler Company) and Burns Veterinary Supply merged to create Butler Animal Health Supply, LLC. For this reason, the attached Gifts to Practitioners Memorandum is to verify, that no gifts to practitioners, were given by the W. A. Butler Company from January 1, 2005, through June 30, 2005, and by Butler Animal Health Supply, LLC from July 1, 2005, through December 31, 2005.

I have forwarded a copy of this letter, along with your form to Gene Monahan at Darby Group Companies, parent company of the former Burns Veterinary Supply, for verification of practitioner gifts from January 1, 2005 through June 30, 2005.

If you have any questions, please do not hesitate to contact me at (614) 659-1680 or via e-mail at George.miller@ButlerAHS.com

Thank You,


George W. Miller III
Regulatory Affairs Manager

Enclosure(s)

/bas

Praxair Dist. Inc. #396
4105 W. Superior St.

NAME OF WHOLESALE DRUG DISTRIBUTOR/ MANUFACTURER
Duluth, MN 55807-2724

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

304 698-0

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.

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<p>NONE</p>			

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MAJOR PHARMACEUTICALS

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

5110 WEST 74TH ST., INDIANAPOLIS, IN 46268

MN BOARD OF PHARMACY LICENSE NUMBER

360601-6

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

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NONE		NONE	NONE

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Amerisource Bergen Drug Co.

9900 J.E.B. STUART PKWY Glen Allen, VA 23059

MN BOARD OF PHARMACY LICENSE NUMBER

361309-6

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NONE

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ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Genetco Inc

711 Union Parkway Ronkonkoma NY 11779

MN BOARD OF PHARMACY LICENSE NUMBER

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TYPE OF PAYMENTS

No Reportable activity so report

*Leresa A Lombardi
Admin Assisit*

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Cobalt Laboratories, Inc.

24840 S. Tamiami Trail, Suite 7, Bonita Springs, FL 34134

MN BOARD OF PHARMACY LICENSE NUMBER

460200-6

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

TYPE OF PAYMENTS

NO PAYMENTS MADE DURING 2006

RECEIVED AT
DEC 22 2006
MINNESOTA BOARD
OF PHARMACY

