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MINNESOTA BOARD
OF PHARMACY

November 17, 1998

Mr. David E. Holmstrom Executive Director Minnesota Board of Pharmacy 2829 University Avenue, SE #530 Minneapolis, MN 55414-3251

RE: Gifts to Practitioners

Dear Mr. Holmstrom:

Reference is made to your Office Memorandum dated November 5, 1998 regarding annual reporting by wholesale drug distributors of all compensations/gifts paid to license practitioners in the State of Minnesota during the preceding calendar year.

Please be advised that Able Laboratories, Inc. (subsidiary of DynaGen, Inc) does not do business directly with any licensed practitioners. Therefore, we have no reportable activity with respect to this matter.

If you have any questions please do not hesitate to contact me directly at (908) 754-2253, ext. 512.

Sincerely,

ABLE LABORATORIES, INC.

Janis A. Picurro

Manager, Regulatory Affairs

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER MN BOARD OF PHARMACY LICENSE NUMBER Please include designation (i.e., MD, etc.) ABLE NAME OF PRACTITIONER LABOBATOBIES, INC. MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REFORT IDENTIFYING ALL FAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY FAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. ADDRESS OF PRACTITIONER ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER : : **PAYMENTS** VALUE OF TYPE OF PAYMENTS

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										·	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	360254-4	RAS SALES INC.	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
											ADDRESS OF PRACTITIONER	REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION ISI.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.	Third and of securalistical characteristic points and an increase of the security of the secur	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER
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AME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER	St. Paul, MN 55108	MANUFACTURER	
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NANIE OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER	St. Paul, MN 55108	UMANUFACTURER	
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Wal-Mart Pharmacy Warehouse # 28 MN BOARD OF PHARMACY LICENSE NUMBER 360297-1	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER 801 Cot-Da Blvd., Crawfordsville, IN 47933 MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REFORT IDENTIFYING ALL FAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES 6) 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 FILED UNDER THIS PROVISION ARE PUBLIC DATA.	MANUEACTURER DE CASTO OF PHARMACY AN ANN SES (3) TO (5), PAID TO PRACTIT MENTS TOTALING \$100 OR MOR E PUBLIC DATA.	47933 ANNUAL REFORT IDENTIFYING ALL FAYMENTS, HONORARIA, CTITIONERS IN MINVESOTA DURING THE PRECEDING MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
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Wal-Mart Pharmacy Warehouse # 32	ADDRESS OF WHOLESALE DRUG DISTR 13231 11th Ave.,	Hanford, CA 93230	
MN BOARD OF PHARMACY LICENSE NUMBER 360436-4	MINNESOTA STATUTES REQUIRE WHOLESALE 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.	BOARD OF PHARMACY AN ANN ISES OF TO (5), PAID TO PRACTIT YMENTS TOTALING \$100 OR MORUS PUBLIC DATA.	UAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, JONERS IN MINNESOTA DURING THE PRECEDING 15, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
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									Nothing to report.	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	350946-6	oa Vangar	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
										ADDRESS OF PRACTITIONER	REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.46, CLAUSES 6) 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.	Labs 835 North L. Rogers We	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER
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										TYPE OF PAYMENTS	IONERS IN MINNESOTA DURING THE PRECEDING E, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	Wells Blvd., Glasgow, KY 42141	

Fax 718 949-3120 Telephone 718 276-8600 Laurelton, NY 11413 227-15 N. Conduit Avenue Eon Labs Manufacturing, Inc.

The Pharmacy Drug Company Eon Labs

January 28, 1999

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

Dear Sir/Madam:

paid to licensed practitioners in Minnesota during the year 1998. This serves to inform you that there were no honoraria, reimbursements and other compensation

EON LABS MANUFACTURING, INC. Very truly yours

Regulatory Affairs Administrative Assistant Shimicka Meadows

NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER	ADDRESS OF WHOLESALE	MANUFACTURER	
Warner Chilcott, Inc. MN BOARD OF PHARMACY LICENSE NUMBER 360631-7	07866 TO FILE WIT TION 151.461, VALUE OF AL	H THE BOARD OF PHARMACY AN ANNUA CLAUSES (3) TO (5), FAID TO PRACTITION Y PAYMENTS TOTALING \$100 OR MORE, ON ARE PUBLIC DATA.	UAL REPORT DENTIFYING ALL PAYMENTS, HONORARIA, IONERS IN MINNESOTA DURING THE PRECEDING IE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
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February 11, 1999

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

MN Wholesale Lic. No. 360208-1 Eagan, MN 55121 2915 Waters Road, Suite 109 Subject: Olsten Health Services

To Whom It May Concern:

Minnesota. responding to the request for information regarding compensation paid to licensed practitioners in As requested in the Minnesota Board of Pharmacy Memorandum dated November 5, 1998, we are

Minnesota related to the above pharmacy's wholesale drug distributor business in 1998. No payments, honoraria, reimbursements or other compensations were made to any licensed practitioner in

.1282 If there are any questions regarding this information, please contact the undersigned at 800/677-2244, ext.

Sincerely,

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Specialist Sharon Huffman

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Regulatory Affairs Licensure Department

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AME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER 1877 Kawa; Rd	MANUFACTURER	
Alpharma, U.S. Pharmaceuth calls	tincolnton, N.C. 3809a		YIRYRONOH BLAZINGTA LIT UNIGHLINGUL MASSASSELLI
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∞ \$	MINNESOTA STATUTES REQUIRE WHOLE REIMBURSEMENT OTHER COMPENSATIOL CALENDAR YEAR. THE REPORT SHALL ID AND SHALL I DESCRIPTION THE PRACTITIONE	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUS CALEDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAY. AND SHALL THE PERCENTIFY THE PERCENTIONER. REPORTS FILED UNDER THIS PROVISION ARE	HE BOARD OF PHARMACY AN ANNIAUSES (3) TO (5), VAID TO PRACTITIVAYMENTS TOTALING \$100 OR MORARE PUBLIC DATA.	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REFORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION ISI.441, CLAUSES (3) TO (3), FAID 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 I DESCRIPTIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.
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												ADDRESS OF PRACTITIONER	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BUAKD OF FRANKACI AN ANNOAL REFORE DEPOTE THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151-461, CLAUSES (3) TO (5), FAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURSEMENT STATALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	y 415 North Jefferson St	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER
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