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	RAMANUFACTURER	ADDRESS OF WHOLFSALE DRUG DISTRIBUTER/MANUFACTURER		NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURES

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER D , V - M S U P D Y	H	RMANUFACTURER P.O. BOX 1438 301	
MIN BOARD OF PHARMACY LICENSE NUMBER 360192-7	SUTORS TO FILE WIT DER SECTION 151.461, RE AND VALUE OF AND UNDER THIS PROVISI	EBOARD OF PHARMACY AN AND USES (3) TO (5), PAID TO PRACTIFY YMENTS TOTALING \$100 OR MOINE RE PUBLIC DATA.	VUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, "IONERS IN MINNESOTA DURING THE PRECEDING RE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
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Steuart & Armstrong Cons	Consulting, Inc.	2440 St. Paul Road	Road Owatonna,	a, Minn. 55060
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BUTERMANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER	NAME OF WHOLESALE DRUG DISTRIBUTOR MANUFACTURER

UDL Laboratories, Inc.	7265 [Ilmerton Rd., Largo, FI 337	O FT. 33771	
INN BOARD OF PHARMACY LICENSE NUMBER 45–9939–7	≤ ™ k ≪	E BOARD OF PHARMACY AN ANN ISES (3) TO (5), PAID TO PRACTITI YMENTS TOTALING \$100 OR MOR RE PUBLIC DATA.	UAL REFORT IDENTIFYING ALL FAYMENTS, HONORARIA, IONERS IN MINNESOTA DURING THE PRECEDING SE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
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UDL Laboratories, Inc.	11	RIBUTERMANUFACTURER Largo, FL 33771	
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NAME OF WHOLESALE DRUG DISTRIBUTOR MANUFACTURER Athena Neurosciences Inc. MN BOAKD OF PHARMACY LICENSE NUMBER	7 1 H	ERMANUFACTURER Outh San Franciso Franciso	co , Ca. 94080
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3861 Knight Road, Memphis, TN 38118

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-3718	Dallas, Texas 75244-3718	14335 Gillis Road Dall	Colgate Oral Pharmaceuticals, Inc.
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NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER	MANUFACTURER	
ALCON (PUERTO RICO), INC.	P.O. BOX 3000, H	UMACAO, PUERT	O RICO 00792
MIN BOAKD OF PHARMACY LICENSE NUMBER 459647-1	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 AND 9ES (3) TO (5), PAID TO PRACTII MENTS TOTALING \$100 OR MOI B PUBLIC DATA.	TOAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, TIONERS IN MINNESOTA DURING THE PRECEDING RE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
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Period Covered: Calendar Year 1997

January 9, 1998

NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER	~	ADDRESS OF WHOLESALE DRUG DISTRIBUTER MANUFACTURER	OMANORACIOREK	
INTERNATIONAL MEDICATION SYSTEMS, LIMITED	SIEMS, LIMITED	TOWERS WITHY VINE 0001	SOURCE PHARMACY AN ANNIAL REP	TAL REPORT DENTIFYING ALL PAYMENTS, HONORARIA.
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MINNESOTA BOARD OF PHARMACY 2829 University Ave. SE, #530 Minneapolis, MN 55414-3251

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											ADDRESS OF PRACTITIONER	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 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.	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOAR	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER
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TYPE OF PAYMENTS	PAYMENTS	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)
WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL FAYMENTS, HOWERAKEA, 461, CLAUSES (3) TO (5), FAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING FANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, VISION ARE PUBLIC DATA.	BOARD OF PHARMACY AN AN SES (3) TO (5), PAID TO PRACTIC MENTS TOTALING \$100 OR MO E PUBLIC DATA.	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL FAXMENTS, HONDRARMAN, 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 360416-0
ME YOR 11570	ROCKVILLE CROKTAK		LARS, DRUG OD., INC
		ADDRESS OF WHOLESALE DAUG DISTRIBUTER/MANOCACTORES	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

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			**											ADDRESS OF PRACTITIONER	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.	
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					•									VALUE OF PAYMENTS	RD OF PHARMACY AN ANNUAL REPO) TO (5), PAID TO PRACTITIONERS II I'S TOTALING \$100 OR MORE, TO A I SLIC DATA.	MANUFACTURER WE CODY NO CO
					·									TYPE OF PAYMENTS	ORT IDENTIFYING ALL PAYMENTS, HONORARIA, N MINNESOTA DURING THE PRECEDING YARTICULAR PRACTITIONER DURING THE YEAR,	New York 11580

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			No reportable activity (1997)
TYPE OF PAYMENTS	VALUE OF PAYMENTS	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)
TIONERS IN MINNESOTA DURING THE PRECEDING RE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	EBOARD OF PHARMACY AN AN ISES (3) TO (5), PAID TO PRACTI VMENTS TOTALING \$100 OR MO RE PUBLIC DATA.	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTIORS TO FILE WITH THE BOARD OF FILARMACY AN ANNUAL REPORT DEFINE ALL FAYMENTS, MOTURANA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (1) TO (5), FAID TO FRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR, THE REPORT SHALL IDENTIFY THE MATURE AND VALUE OF ANY FAYMENTS TOTALING \$100 OR MORE, TO A FARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	459733-1
BOX266 WILLMARE 56201	DRSE B	, INC, 208 LAWELAND	BRINTON LABORATORIES
	RMANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

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TYPE OF PAYMENTS	PAYMENTS	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)
WITH THE BOARD OF FIRAMACE AN ANNOL REPORT DEFINE FIRE AND A THEORY, WITH THE BOARD OF FIREADING AND TO SD, PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING FANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, VISION ARE PUBLIC DATA.	REAL OF FIARMACE AN ARM ISES (3) TO (5), PAID TO PRACTIFI YMENTS TOTALING \$100 OR MOR UR PUBLIC DATA.	MINYSOTA STATULES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF FIREMACE AN ANNOAL REFORD DENTIFE THE ACLE OF FIREMACE AND FIREMACE AND FIREMACE OF ACCUMENTIONERS IN MINNESOTA DURING THE PRECEDING 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 PRACTITIONER PRACTITIONER DURING THE AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	NIN BOARD OF PHARMACY LICENSE NUMBER
Wehinsen MM	TERMANUFACTURER AME F F		FEARLY RESENTATION OF WHICH STREET HERE TO STREET HE STREET HERE TO STREET HE

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								140 Hetivity	% /			ADDRESS OF PRACTITIONER	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.	AINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH TH SPINRIDSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLA	1380 B nw 65 F	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER
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