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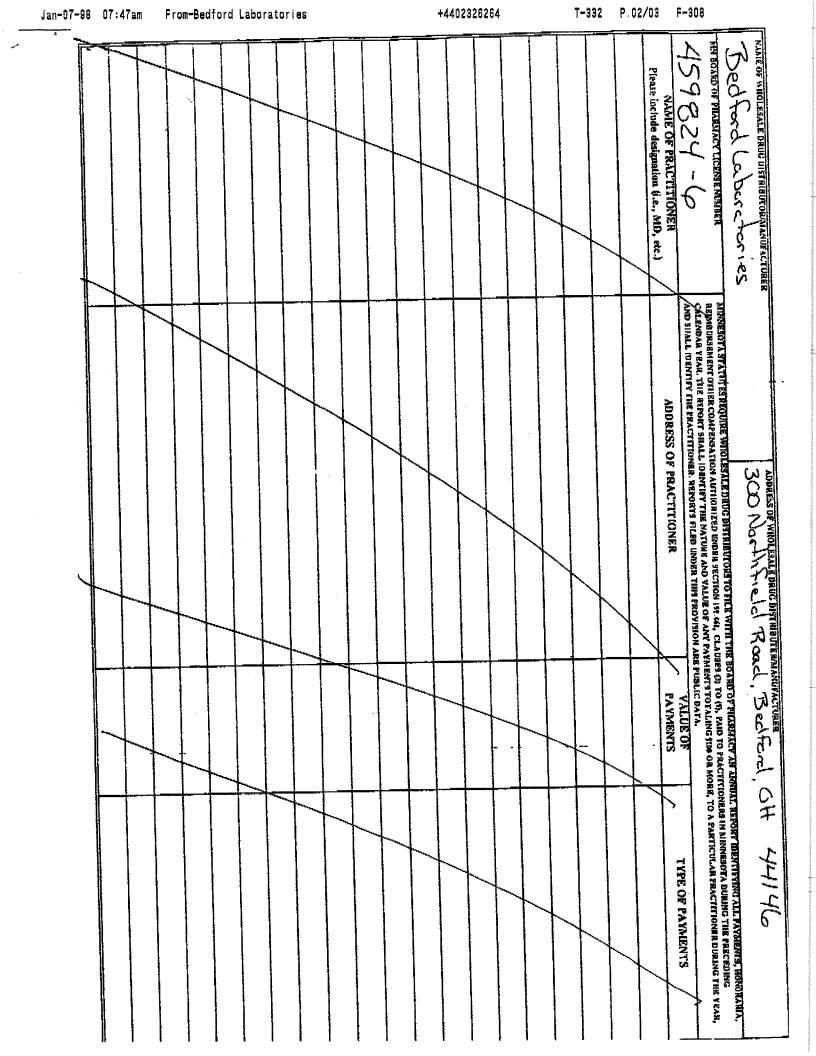
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											NoNE	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	NIN BOARD OF PHARMACY LICENSE NUMBER	Eastman Ladal Company
														TURER DA
		<i>y</i> .										ADDRESS OF PRACTITIONER	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PARMENTS, HONORARIA, REIMBURSOMENT 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.	pany lboo Le
						w						P	ORS TO FILE WITH THE BOARD OF SECTION 151.461, CLAUSES (3) TO AND VALUE OF ANY PAYMENTS TO DER THIS PROVISION ARE PUBLIC	1600 Lexing ton Hue
												PAYMENTS	F PHARMACY AN ANN (5), PAID TO PRACTIT OTALING \$100 OR MOR DATA.	e Roel
-												TYPE OF PAYMENTS	YUAL REPORT IDENTIFYING ALL PAYMENTS, HONOKARIA, TIONERS IN MINNESOTA DURING THE PRECEDING RE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	Rochester UV 14650

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		REPORTABLE ACTIVITY	NO R
TYPE OF PAYMENTS	VALUE OF PAYMENTS	ADDRESS OF PRACTITIONER	
TIONERS IN MINNESOTA DURING THE PRECEDING RE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	BOARD OF PHARMACY AN ANNI SES (1) TO (5), PAID TO PRACTITI MENTS TOTALING \$100 OR MOR B PUBLIC DATA.	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL MEPOKI IDENTIFYING ALL FARMEN'S, HOWARAMA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION ISI.461, CLAUSES (1) TO (5), FAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPOKT 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.	MN BOAKD OF PHARMACY LICENSE MIMBER 360698-1: FHARMACY C R A
	TERMANUFACTURER NTRACAUE: 55391-1205	PHCY 250 NORTH OENTRACAUMEN WAYZATA, MN 55391-1	JEACTURER 10ルガヒ

										NONE	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	NIN BOARD OF PHARMACY LICENSE NUMBER 359852–2	pital	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
		*									ADDRESS OF PRACTITIONER	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS OF FILE WITH THE BOARD OF FIRAMACT AN ANNOAL REPORT DESIGN THE PRECEDING 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.	Pharmacy 415 North Jefferson	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER
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by: PRA	AXAI	R Di	IST :	INC		 Į	5159	6566 	11;		12	/30.	/97	1:	10PN	1; Je	tfax	#445	;Page	2/2	i ql
																		NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	360635.9	Proxain Distribution	NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER
															-	Name to Report "		ADDRESS OF PRACTITIONER	REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAISES (1) TO 151. THE PARTICULAR PRACTITIONER DURING THE YEAR, CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY FARMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. THE ORDER OF THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	7 1	ADDRESS OF WHOLESALE DRUG DISTRIBUTERANIANGFACTURER
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0-2	9-	97	MO	N	11:	23	ABL	EL	A.B.S				9	8	6	2	72	None	, etc.)	-	AN BOARD OF YEARRACY LICENSE NUMBER REINBURGESTA STATISTES REQUIR CALENDAR YEAR. THE REPORT CALENDAR TO THE PROPERTY OF THE	NATE CANOCESALEDRUC DISTRIBUTION/MANUFACTURER O ANIA CANOCASTORIES, Inc.	
																				ADDRESS OF PRACTITIONER	MINNESOTA STATITES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE DOWN OF THE PRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURDSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES DI TO (3), PAID TO PRACTITIONER PRACTITIONER DURING THE YEAR, CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE MATURE AND VALUE OF ANY FAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, CALENDAR YEAR. THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	6 Hollywood Court, Sou	TADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER
																				PAYMENTS	BLICDATA BELICDATA	South Plainfield,	NUPACTURER
																				TYPE OF PAYMENIS	n Minnesota during the preceding Particular practitioner during the Year,	art, South Plainfield, NJ 07080	

Nidwestern Heath Services MN BOARD OF PHARMACY LICENSE NUMBER 459883-5 Please include designation (i.e., MD, etc.) NAME 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. ADDRESS OF PRACTITIONER 922 5th Avenue ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER Worthington, MN **PAYMENTS** VALUE OF ろったの 56187 TYPE OF PAYMENTS

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			No Reportable Activity
TYPE OF PAYMENTS	VALUE OF PAYMENTS	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)
TOARRS IN MINNESOTA DURING THE PRECEDING TO A PARTICULAR PRACTITIONER DURING THE YEAR,	MENTS TOTALING \$100 OR MORE B PUBLIC DATA.	MINESULA STATULES REQUIRE WHOLESALE DROG DISTRIBUTIONS TO FILE WITH THE BOARD OF TRANSPORT OF THE PRECEDING THE PRECEDING REIMBURSSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAURISE (8) TO (8), PABD 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.	NN BOARD OF PHARMACY LICENSE NUMBER
VIRYBONOH BINARATA IIY BUKALINGALINGAL	3086	1	CORD Logistics
	MANUFACTURER 100		NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

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															- None -		ADDRESS OF PRACTITIONER	REMBUSSEMENTOTHER COMPENSATION AUTHORIZED UNDER SECTION 15: MIL. CARDES OF A PARTICULAR PRACTITIONER DURING THE YEAR, CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE MATURE AND VALUE OF ANY PARMITS TOTALING LIOP OR MORE, TO A PARTICULAR PRACTITIONER DURING THE PROVISION ARE PUBLIC DATA. AND SHALL IDENTIFY THE PRACTITIONER, REPORTS TILED UNDER THES PROVISION ARE PUBLIC DATA.	HIMMESOTA STATUTES REQUIRE WHOLESALE BRUCE DISTRIBUTED US TO THE WHITH THE	ADDRESS OF WHOLESALE DAIG DISTRIBUTERANAMUNACTURER
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											ADDRESS OF PRACTITIONER	REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (3), FAID TO PARCILIUMERS IN MINICEDIA DURING THE TEAR, CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A FARTICULAR PRACTITIONER DURING THE TEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	HINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH TI	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUVACTUKER
											PAYMENTS	AUSES (3) TO (5), PAID TO PRACTIL AYMENTS TOTALING \$100 OR MOI ARE PUBLIC DATA.	AVE THARMACY AN ANN	ERMANUFACTURER
											TYPE OF PAYMENTS	RE, TO A PARTICULAR PRACTITIONER DURING THE TEAR,	TAL REPORT DENTIFYING ALL PAYMENTS, HONORARIA,	·

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										2000 モ	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.	MINNESOTA 2304 PART AUE MINNESOTA MINNESOCIS, MIN SSCIOU
										NONE	VALUE OF PAYMENTS	OARD OF PHARMACY AN ANNU IS (3) TO (5), PAID TO PRACTITIO IENTS TOTALING \$100 OR MORE PUBLIC DATA.	NO255
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											NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	459944-9 4	NAME OF WIOLESALE DRUG DISTRIBUTORMANUFACTURER Cheshite Document
									-		ADDRESS OF PRACTITIONER	REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (1) 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.	A DIVIDENTIAL DIVIDENTIAL OF THE PROPERTY OF T
											VALUE OF PAYMENTS	.USES (3) TO (5), PAID TO PRACTII AYMENTS TOTALING \$100 OR MO! ARE PUBLIC DATA.	TERMANUFACTURER SC Pd , S,
											TYPE OF PAYMENTS	TIONERS IN MINNESOTA DURING THE PRECEDING RE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	ATTERNET BERTHANK THE SUBJECT OF 30324

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NAME OF WIOLESALE DRUG DISTRIBUTORMANUFACTURER LOrk Fult fill ment common and support pharmacy license number 360733-2 NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF WHOLESALE DRUG DIST ADDRESS OF WHOLESALE DRUG DIST AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVI ADDRESS OF PRACTITIONER ADDRESS OF PRACTITIONER	MANUFACTURER TO 88773 BOARD OF PHARMACY AN ANN BES (1) TO (5), PAID TO PRACTITE MENTS TOTALING \$100 OR MODE PUBLIC DATA. VALUE OF PAYMENTS	SH OR OR THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, IN, CLAUSES (1) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING ANY PAYMENTS TOTALIA \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, ISION ARE PUBLIC DATA. VALUE OF PAYMENTS TYPE OF PAYMENTS
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NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER	ADDRESS OF WHOLESALE DAUG DISTRIBUTER	RIBUTERMANUFACTURER	
Abbott Laboratories	3900 Howard Lane Aus	Austin, TX 78728	
KIN BOARD OF PHARMACY LICENSE NUMBER	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO HILE WITH THE BOARD OF FHARMACY AN ANNUAL REPORT IDENTIFYING ALL PARMENTS, HONORAMA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (1) TO (3), PAID TO PRACTITIONEE TO A PACTITION BE DIFFICULT OF THE YEAR.	(BOARD OF PHARMACY AN ANN USES (3) TO (5), PAID TO PRACTITI	JAL BEPORT IDENTIFYING ALL PAYMENTS, HONORAMA, ONERS IN MINNESOTA DURING THE PRECEDING ONERS IN MINNESOTA DURING THE PRECEDING TO A \$\$\text{A} \text{PICTITY AP PRACTITIONER DITRING THE YEAR.}
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NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	PAYMENTS	TYPE OF PAYMENTS
None	N/A	N/A	N/A
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MINNESOTA BOARD OF PHARMACY 2829 University Ave. SE, #530 Minneapolis, MN 55414-3251

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TYPE OF PAYMENTS	VALUE OF PAYMENTS	ADDRESS OF PRACTITIONER	ONER ., MD, etc.)
THE THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, 61, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, ISION ARE PUBLIC DATA.	BOARD OF PHARMACY AN ANNU SES (3) TO (5), PAID TO PRACTIFI MENTS TOTALING \$100 OR MORI E PUBLIC DATA.	IRIBUTORS TO FILE W UNDER SECTION 151.4 (TURE AND VALUE OF ED UNDER THIS PROV	CJ – K
Plymout, MN 55446	Li, Plymout	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER	Physician Salest Service