	I ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER	MANUFACTURER	
NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER		Thist him Fall mo	10225
- [	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO TILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, BY INNESOTA DURING THE PRECEDING THE PRE	OARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DUI	RING THE PRECEDING
360818-2	CALENDAY TARK. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY FAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER PURING THE PROVISION ARE PUBLIC DATA.  AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	PUBLIC DATA.  THE CONTROL OF MORE, TO A PARTICULAR PRACTICULAR PRA	CIII JONEK DUKING 1 HE 1 EAN,
NAME OF PRACTITIONER  Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	PAYMENTS TYPE OF	TYPE OF PAYMENTS
A Actual or assessment of the second of the	7		
	Made		
	. 6		
	)/ K		
	and we		

									NONE	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	MN BOARD OF PHARMACY LICENSE NOMBER  360422 - 5	NAME OF VIIOLESALE DRUG DISTRIBUTOR/MANUFACTURER
											MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS SECTION 151.461, C REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, C CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURE
				1:5						PAYMENTS	BOARD OF PHARMACY AN ANNU BOARD OF PHARMACY AN ANNU SES (3) TO (5), PAID TO PRACTITI MENTS TOTALING \$100 OR MORI B PUBLIC DATA.	MANUFACTURE
										TYPE OF PAYMENTS	POWE ROUSE BY THE BOARD OF PILKRMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, LAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, VARE PUBLIC DATA.	

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER		
MYBOARD OF PHARMACY LICENSE NOMBER  21.0-841-2	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF FULRMACY AN ANNUAL REFORT DENTIFYING ALL FAYMENTS, HONORARIA, REMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 131.461, CLAUSES (3) TO (3), FADD TO FRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR FEAR. THE REPORT SHALL IDENTIFY THE MATURE AND VALUE OF ANY FAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR FRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS FROVISION ARE PUBLIC DATA.	THE BOARD OF FUXENACY AN ANNUAL LAUSES (3) TO (5), PAD TO PRACTITION PAYMENTS TOTALING \$100 OR MORE, NARE PUBLIC DATA.	ULL REFORT IDENTIFYING ALL PAYMENTS, HONOKARIA, TONERS IN MINNESOTA DURING THE PRECEDING TONERS IN MINNESOTA PRACTITIONER DURING THE YEAR, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
NAME OF PRACTITIONER  Please include decignation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
2/1/6			-
3 - 1 - 2			
		tv	
A CONTRACTOR OF THE CONTRACTOR			

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	VICE .	ITOS Madison Are. 1	Are. Mant	kty, MN. 50001
MIN BOARD OF PHARMACY LICENSE NUMBER  REIMBUR CALENDA	MINNESOTA STATUTES REQUIRE WHOLE REIMBURSEMENT OTHER COMPENSATIO CALENDAR YEAR. THE REPORT SHALL II	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF FRAR REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (8) TO (8), PAL CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALIN CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALIN CALENDAR YEAR.	BOARD OF PHARMACY AN ANNO SES (3) TO (5), PAID TO PRACTITIV MENTS TOTALING \$100 OR MORI E PUBLIC DATA.	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF FRARMACY AN ANNUAL REPORT DENTFYING ALL PAYMENTS, HONOKAMA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151-461, CLAUSES (8) TO (8), FAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL DENTIFY THE MATURE AND VALUE OF ANY FAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, CALENDAR YEAR. THE REPORT SHALL DENDERS AND VALUE OF ANY FAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, CALENDAR YEAR. THE REPORT SHALL DENDERS AND VALUE OF ANY FAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, CALENDAR YEAR.
NAME OF PRACTITIONER	ADDRESS OF	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
Flease include designation (i.e., ital) carif				0
	-			
			/	
		·		
			<u></u>	

						•					-	to the second se	AME OF PRACTITIONER include designation (i.e., MD, etc.)	HYDWHEEM MUNICE SHARMEN AND SHALLDISH YAR AND SHALLDISH YEAR AND SHALL
ADVANTA EU UG VOO TEOSERREN	-												ADDRESS OF PRACTITIONER	HINRESOTA RYATUTES REQUESE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF FILENACY AN AMOAL REPORT BENTETING ALL PAYMENTS, HONORANIA, HEMMUZESEMENT OTHER COMPENSATION AUTHORIZED WHOER SECTION ISLAM, CLAUSES BY TO (6), PAID TO PAACTITIONERS IN MINNESOTA DIRANG THE PRECEDURG CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE MATURE AND VALUE OF ANY PAYMENTS TOTALING SISS OR MOBE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS SHALD UNDER THUS PROVISION ARE PUBLIC DATA.
						,						P	PAYMENTS	THE COUNTY OF PICKETARY AND AND THE THE BOARD OF PICKETARY TO PRACTIFE AND TO PRACTIFE AND THE PROPERTY OF MORE THANKS AND THE PROPERTY OF THE
													TYPE OF PAYMENTS	THE EDAED OF FRARMACY AN DEWOL PROPERTIEFING ALL PAYMENTS, HORORAGIA. 61. CLAUSES 93 TO (6), PAID TO PRACTITIONERS IN MINUESOTA DISING THE THECKDING ANY PAYMENTS TOTALING \$600 DE MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, ANY PAYMENTS TOTALING \$600 DE MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, 1510N ARE FUSILIDATA.

TI/TS/88 T2:50 EVX T3508240918

empany 1	O7	BOARD OF TRANSIACE AN ANNUA	, REFORT DENTITYING ALL PAYHENTS, HONDXARIA,
NIN BOARD OFFICERENCY FICERER AUMBER	MINNESOTA STATUTES REQUIRE WIIOLEMALK BAUG DISTANCES OF TO TAME OF 150 (5), PAID TO PRACTITIONERS IN MINNESOTA DUKING HEE FRACTIONERS DIKING HEE FRACTITIONERS DIKING HEE FRAG. RECHEMBAR YEAR, THE REPORT SHALL IDENTIFY THE MATURE AND YALIKE OF ANY FAYMENTS TOTALING SIGO OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, CALENDAR YEAR, THE REPORT SHALL IDENTIFY THE MATURE AND YALIKE PROVISION ARE PUBLICULATE.  AND SHALL IDENTIFY THE PRACTITIONER, REPORTS HILED UNDER THIS PROVISION ARE PUBLICULATE.  VALUE OF	MENTS TO (3), PAID TO PRACTITION MENTS TOTALING \$100 OR MORE, E PUBLIC DATA  VALUE OF	THE JIM MINRESOTA DURING THE YEAR, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	PAYMENTS	
son			
EKes	-		
M		tw .	
		-	
1			
303			
FAZ			
19:2			
98			-
13/	l!		
11/13/	ESOTA BOARD OF PHARY		
	ersity Ave.		

**~**.

NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER	MANUFACTURER CITY	136
Cardinal Health - 11	Nots Easan, mn 550	Stal Jan	VIRTAUNUI BINAINA III KIMMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAM
MIN BOARD OF PHARMACY LICENSE NUMBER  3/07-3-7-3-1	MINNESOTA STATUTES REQUIRE WHOLES, ALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF FHARMACE AN ANNOAL ACTOR. THE STATE OF THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURSEMENT OTHER REPORT SHALL IDENTIFY THE MATURE AND VALUE OF ANY FAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL INFORMATION FOR MORE REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	THE BOARD OF PHARMACY AN ARRIVAL AUSES (3) TO (5), PAID TO PRACTITI PAYMENTS TOTALING \$100 OR MORIVARE PUBLIC DATA.	ONERS IN MINNESOTA DURING THE PRECEDING E, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	PAYMENTS	TYPE OF PAYMENTS
MONE			1
			NOV 6 503
			MINNESOIA BOAND

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTI		
Independent that macy cooperative	1550 columbus	St Sun Plan	MANIE MI 35540
MN BOARD OF PHARMACY LICENSE NUMBER	WHOLESALE DRUG DISTRIBUTORS TO ILLE WITH: SACTION AUTHORIZED UNDER SECTION ISI.441, CI SALLI DENTIFY THE NATURE AND VALUE OF ANY THONES ESPOSTS IN EN INDER THIS PROVISION	BOARD OF PHARMACY AN ANNU IES (3) TO (5), PAID TO PRACTITIC MENTS TOTALING \$100 OR MORE IS PUBLIC DATA.	THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HUNDRADA, LAUSES ©) TO (8), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, VARE PUBLIC DATA.
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
7.0(/)			
			RECEIVEL
			10 10 E
7	V		EDIT BUNECT
		iv.	

	,		
	•		
	te		
PHARMACY			
8681 O .			
MOV J. AT			
RECEIVED			
			, sull
TYPE OF PAYMENTS	PAYMENTS	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)
CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING NY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, ON ARE PUBLIC DATA.	USES (3) TO (5), PAID TO PRACTIT NYMENTS TOTALING \$100 OR MOR RE PUBLIC DATA.	REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION ISL461, 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.	359969-4
HTHE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA,	E BOARD OF PHARMACY AN ANN	ADDRESS OF WHOLESALE DRUG DISTRIBUTIONS TO FILE WITH	NAME OF WHOLESALE DRUG DISTRIBUTOR MANUFACTURER  CONTROL OF THE STATE
3			

SPH

	·		
	iv		
MINNESOTA BOARD			
NOV 16 132			
RECEIVED			
A Garage			2
TYPE OF PAYMENTS	VALUE OF PAYMENTS	ADDRESS OF PRACTITIONER	AME OF PRACTITIONER nclude designation (i.e., MD, etc.)
INUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, ITIONERS IN MINNESOTA DURING THE PRECEDING CHE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	. BOARD OF FIARMACY AN AN SES (3) TO (5), PAID TO PRACTI CMENTS TOTALING \$100 OR MO IE PUBLIC DATA.	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMÁCY 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.	
MN 56359	OTPAGE	MANNER CY 200 N Chm St	0
	UMANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

<del></del>	 		 	 		 	 7					 <del></del>	<del></del>	T		
												None	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	360369-5	My BOARD OF PHARMACY LICENSE RUMBER PLACE	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
												NA	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 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.	MINISTRATIONES REQUIRE WHO ESTAD DRIVE TO THE W	R ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER  820 3 fd Ap
		·										*/07e	VALUE OF PAYMENTS	LAUSES (3) TO (5), PAID TO PRACTIT PAYMENTS TOTALING \$100 OR MOF N ARE PUBLIC DATA.	THE BOARD OF PHANKACY AN ANN	JTER/MANUFACTURER
								OF PHARMACI	MINNESOTA BOARD	NOV 16 1998	RECEIVED AT	NA	TYPE OF PAYMENTS	'IONERS IN MINNESOTA DURING THE PRECEDING UB, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	S 6 2 5 6	,

									100 HODINE			NAME OF PRACTITIONER ADDRESS OF PRACTITIONER PAYMENTS TYPI	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLICAND.	AmeriSource Convention 6810 Shedy Oak Road Edentraining
								OF PHARMACY	WININESOTA	NOV 16 1999	RECEIVED AT	TYPE OF PAYMENTS	THIOMERS IN MINNESOTA DURING THE PRECEDING ORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	Edentricie Mr. 55344

REBILL YAUNG THE WOLL BILD WILL A 1100 HOLD A 1110 WAS LIKE A 1111 WAS LIKE A		ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER	MANUFACTURER	
VIKING LUBUSTRIAL	STAN	710 RAYHOUS AVE.	• )	
AN BOARD OF PHARMACY LICENSE NUMBER	MINNESOTA STATUTES REQUIRE WHOLL REIMBURSEMENT OTHER COMPENSATIO CALENDAR YEAR. THE REPORT SHALL I AND SHALL IDENTIFY THE PRACTITION	esale drug distributors to file with the DN Authorized under section 151.461, Claus Dentify the nature and value of any payi Er. Reports filed under this provision aru	BOARD OF PHARMACY AN ANNU SES (3) TO (5), PAID TO PRACTITI MENTS TOTALING \$100 OR MOR E PUBLIC DATA.	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF FHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONDRAMA, 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 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.
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
				RECEIVED AT
				NOT THE PROPERTY OF THE PROPER
				8661 91 AAN
				OF PHARMACY
ς				
		-		

													NONE	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	MN BOARD OF PHARMACY LICENSE NUMBER  REIMBURSEM CALENDAR Y  AND SHALL II	SAL	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
		11-12-98	formed Wes	FAIRMONT, MINNESOTA 56031	DON WEERTS	FACEMONT FIRE SAFETY & SANITARY					•		NONE	ADDRESS OF PRACTITIONER	MINNESOLA STATULES REQUIRE WHOLESALE DRUG DISTRIBUTIONS TO THE WITH THE BOADD OF THAT WAS AN ANY OF THE PRECEDING REIMBURSEN AND THE PRECEDING THE PROTECT OF THE	FOR BX PAR FARMONT MINN 5 60 31	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER
			6										NONE	PAYMENTS	USES (3) TO (5), PAID TO PRACTITIVE (1) TO TOTALING \$100 OR MORE PUBLIC DATA.	EASOMONT .	RMANUFACTURER
									MINNESOTY OF PHARMACT	NUY	KEC. 16.1998	TO GIVEN AT	NONE	TYPE OF PAYMENTS	LAUSES (4) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, VARE PUBLIC DATA.	MINA 5 60 31	

	•		
	•		
( ) P. K.			
DAVISO A			
NOV 16 1550			
RECEIVED AT			
	Nom o		None
TYPE OF PAYMENTS	VALUE OF PAYMENTS	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)
NUAL REPORT IDENTIPYING ALL PAYMENTS, HONORARIA, FLONERS IN MINNESOTA DURING THE PRECEDING RE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	E BOARD OF PHARMACY AM ANN SES (3) TO (5), PAID TO PRACTIT YMENTS TOTALING \$100 OR MOD RE PUBLIC DATA.	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AJY 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.	360539-2
Elk River, MN 55330	a Blud. L	1	Med-TURN FAC.

-			
	-		
	tv .		
	,		
OF BHANNAS.			
MINNESOIA BOARD			
geel 9 l AON			
RECT			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
TYPE OF PAYMENTS	VALUE OF PAYMENTS	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER Please include designation (i.e., MI), etc.)
TIONERS IN MINUSSOTA DURING THE PRECEDING RE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	SES (3) TO (5), PAID TO PRACTITIVE (MENTS TOTALING \$100 OR MORE EDUCING TOTALING TO THE MORE EDUCING TOTALING TO THE PUBLIC DATA.	MINNESO IA SIAJU PS REQUIRE WHOLESALE DROG DISINIBULORS TO RILE WITH THE BOARD OF FRARMACE AN ANYOLD REFORM THE FIRE ALL FARMACE AN ANYOLD REFORM THE RECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (5) TO (5), PAID TO PRACTITIONERS UN 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.	36 00 88-9
ous Paper MN 55426	Roo STL	TARRACY 6460 EXCERSION	MEADUROUS PHARMACH
	UMANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

	•		
	tv.		
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
OF PHARMACY			
<b>30V</b> 16 1998			
RECEIVED AT			
TYPE OF PAYMENTS	VALUE OF PAYMENTS	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)
TUAL REPORT IDENTIFYING ALL FARMENTS, HONOKAMA, TIONERS IN MINNESOTA DURING THE PRECEDING RE, TO A FARTICULAR PRACTITIONER DURING THE YEAR,	EBOARD OF FHARMACY AN ANN SES (3) TO (5), PAID TO PRACTIT VMENTS TOTALING \$100 OR MOR US PUBLIC DATA.	MINYESOLA STATUTES REQUIRE WHOLESALE DROG DISTRIBUTORS TO RILE WITH THE BOARD OF FHARMACY AN ANNUAL REPORT DEFINITIFYING ALL FAXMENTS, HOWARDA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461; CLAUSES (3) TO (5), FAID TO FRACTITIONERS IN MINNESOTA DURING THE FRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY FAYMENTS TOTALING \$100 OR MORE, TO A FARTICULAR FRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE FRACTITIONER. REPORTS FILED UNDER THIS FROVISION ARE PUBLIC DATA.	
os MN 5574	GRAND RAPIOS	Ny 820 NE 4#ST.	1
	RMANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

											None	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	MN BOARD OF PHARMACY LICENSE NUMBER  459634-5	Miriam Collins Palm Bea	NAME OF WILDLESALE DRUG DISTRIBUTORMANUFACTURER  Palm Roach Roallty Drodingts
												ADDRESS OF PRACTITIONER	MINNESOTA STATUTES REQUIRE WHOLESALE DROG DISTABLICANT OF FLE WITH THE BOARD OF TRANSPORT OF THE PRACTITIONERS IN MINNESOTA DURING THE PRECEDING 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.	Beach Labs, Inc. 950 Xenia Ave. So.,	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER
				fer • .							n o n e	PAYMENTS	SES (3) TO (5), PAID TO PRACTIFII (MENTS TOTALING \$100 OR MORE (E PUBLIC DATA.	, Minneapolis,	VMANUFACTURER
							OF PHARMACY	MINNESOTA SOARD	NOV 16 1998	RECEIVED AT	n o n e	TYPE OF PAYMENTS	ONERS IN MINNESOTA DURING THE PRECEDING ,, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	MN 55416	

·			
		HY! JOHN HY	
	¥ .		
OF EHAMINA			
MINNESOTA BOARD			
NOV 16 1998			
TYPE OF RECEIVED AT	PAYMENTS	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)
IONERS IN MINNESOTA DURING THE PRECEDING E, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	SES (3) TO (5), PAID TO PRACTITY (MENTS TOTALING \$100 OR MORE BY PUBLIC DATA.	REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO FRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 181.461, CLAUSES (3) TO (5), FAID TO FRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	MN BOAKD OF FHAKMACY LICENSE NUMBER  300 2270
SURNS VILLE, NW 55337	RIAL BLUD.	DRLY, INC. 11965 LARG INDUSTRIAL BLUD. BURNS VILLE, MN 55337	MIDWEST VETERINARY SUDPLY
	VMANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER RUBY 91

ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA,

	** # :		
	•		
		i	
		•	
OF PHARMACY			
			4
NOV 1 6 1998			
RECEIVED AT			
			(
			Monl
TYPE OF PAYMENTS	PAYMENTS	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)
IERS IN MINNESOTA DURING THE PRECEDING TO A PARTICULAR PRACTITIONER DURING THE YEAR,	JSES (3) TO (5), PAID TO PRACTITION YMENTS TOTALING \$100 OR MORE, T RE PUBLIC DATA.	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.	301736-7

											NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)		MN BOARD OF PHARMACY LICENSE NUMBER MIN	) }	CADALLA CONTRACTOR CON
·								110100	WINV		ADDRESS OF PRACTITIONER	REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (3), FAID TO FRACTITIONERS IN MININESOLA DURING THE FEACH. 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.	OTORS TO FILE V		I ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURES
											PAYMENTS	USES (3) TO (5), FAID TO FRACTH YMENTS TOTALING \$100 OR MOI RE PUBLIC DATA.	E BOARD OF PHARMACY AN AN	r trum tu	BAMANUFACTURER
							OF PHARMAC	<b>665</b> 19/	NOV TA AT	RECEIVED	TYPE OF PAYMENTS	RE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	WALL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA,	RI Rochester, Mil	

	-		
	•		
			NoNC
TYPE OF PAYMENTS	VALUE OF PAYMENTS	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER  Please include designation (i.e., MD, etc.)
NUAL REPORT IDENTIFYING ALL PAYMENTS, HONOKARIA, TIONERS IN MINNESOTA DURING THE PRECEDING RE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	HE BOARD OF PHARMACY AN AN AUSES (3) TO (5), PAID TO PRACTI AYMENTS TOTALING \$100 OR MO ARE PUBLIC DATA.	IOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH T IRSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CL. AR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY F ALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION	459891-1/2
Soux Fills, SD S7101-0520	And Sion	Co. Tr. 4100 N CI: HAX	4-0X Me Idio Scopply Co.
	PARTIE CELIBER		

* * * * * * * * * * * * * * * * * * *	VQV	-13	3-19	198	11	18			AII	RGA	(i)						1000		NAME OF	P. M. BOARD OF PHANAGE	AND OF WHOLESALEDS
																		DILC	NAME OF PRACTITIONER	SALCE LICENSE NOMBER (	ANE OF WIOLESALE DRUG DISTRIBUTOR/MAPUFACTURER
, ···			4.0					 ·	 								•				n
MINNESOTA BOARD 2829 University Minneapolis, MN	- 11																		ADDRESS OF PRACTITIONER	AND SHALL IDENTIFY THE PRACTITIONER, REPORTS SILED INDER THIS PROV	SS3BdQY.
RD OF PHAKMACI ty Ave. SE, #530 MN 55414-3251	A THE THE																		TIONER	AINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF THAN REIMBURSHARE TOTHER COMPENSATION AUTHORIZED UNDER BECTION ISLAM, CLAUSES BY TO \$0, PAIN CALEWAR PARAC. THE REPORT STALIN CALEWAR PARAC. THE REPORT STALIN CALEWAR PARAC. THE PRACTITIONER, REPORTS STLED UNDER THIS PROVISION ARE PUBLIC DATA.	ABREISTO DUNG XTVESTORM AD ESSUADO
30		٠.				·			iv.	-		•							PAYMENTS		RIBUTERAMANUFACTURER
											·								TYPE OF PAYMENTS	AN ANNUAL MENORT IDENTIFYING ALL FAYM RACTITIONERS IN MINNESOTA DURING THE P OR MORE, TO A PARTICULAR PRACTITIONER	
											/				<u>-</u> .	 			· I	TAYMBRITS, MOROXARIA. THE PRECIDING THE PEAR, TONEX DURING THE PEAR,	11 MI

NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER	TREER  ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER  (C. INC. 100 3) MKS AUGULE, KOCKUL	TANUFACTURER ROCKLILLE CROS	LOCKLILLE CASETAL MY11570
MN BOARD OF PHARMACY LICENSE NUMBER $360413-1$	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL FARMENTS, HOWARD PROPERTY OF THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE FRECEDING REIMBURSEMENT OTHER COMPENSATION OF MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	OARD OF PHARMACY AN ANNO 25 (3) TO (5), PAID TO PRACTITI ENTS TOTALING \$100 OR MORE PUBLIC DATA.	ALL REPORT IDENTIFYING ALL FAIRMENTS, FORWARDS, ONERS IN MINNESOTA DURING THE PRECEDING ONERS IN MINNESOTA DURING THE YEAR, E, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	PAYMENTS	TYPE OF PAYMENTS
No Activity			
			RECEIVED AT
			NOV 15 1500
			Mike S. C. 200
			OF PHARMACY

		•	
MINNESOTA BOARD OF PHARMACY			
NOV 1 6 1998	pord	or compersations	
1 4 5	12 1012	No per mento honoras	
TYPE OF PAYMENTS	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,	SES (3) TO (5), PAID TO PRACTII SES (3) TO (5), PAID TO PRACTII MENTS TOTALING \$100 OR MOI E PUBLIC DATA.	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTIONS TO HILE WITH THE BOARD OF FRANKEST AS ANY OF FRANKEST AS ANY OF FRANKEST AND INVINESOTA DURING THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO FRACTITIONERS 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. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.  AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	MN BOARD OF PHARMACY LICENSE NUMBER  3603655
William State of Color of the Market of the	MANUFACTURER  Can	M #3 ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER	ANUFACTURER )