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			-								NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	360471-7	MN BOARD OF PHARMACY LICENSE NUMBER	HAUGDAHL PROFESSIONAL PHARMACY
								N/M REDORTABLE			ADDRESS OF PRACTITIONER	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 PROVISION ARE PUBLIC DATA.	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT HER HE FIRE THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING	PHARMACY 250 NORTH CENTRAL
			•	#				ACTIV	>		PAYMENTS	MENTS TOTALING \$100 OR MORE E PUBLIC DATA.	BOARD OF PHARMACY AN ANN SES (3) TO (5), PAID TO PRACTIT	GENTRAL AVE,
								X			TYPE OF PAYMENTS	IE, TO A PARTICULAR PRACTITIONER DURING THE YEAK,	IONERS IN MINNESOTA DURING THE PRECEDING	WAYZATA, MN55391-1205

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TYPE OF PAYMENTS	VALUE OF PAYMENTS	ADDRESS OF PRACTITIONER	fc.)
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YIRYRONOH BANAMAYA LIY JANAMIMAMI AAGASA LIM	OMANUFACTURER V. 55109	R PHARMACY 1655 BEAN AVE. MARKENDOD, MN. 55109	MARCHERST PROFESSIONAL PHACING OF PROFESSIONAL PHACING PROFESSIONAL PHACING DISTRIBUTION OF PROFESSIONAL PHACING DURANGE PROFESSIONAL PHACING DISTRIBUTION OF PROFESSIONAL PHACING DURANGE PRO

reportable activit	No re	MINNESOTA BOARD OF PHARMACY 2829 University Ave. SE, #530 Minneapolis, MN 55414-3251	
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			A Avenue assessment assessment (see Fig. 1) 7
TYPE OF PAYMENTS	PAYMENTS	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)
UAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, IONERS IN MINNESOTA DURING THE PRECEDING E., TO A PARTICULAR PRACTITIONER DURING THE YEAR,	BOARD OF PHARMACY AN ANNU ES (3) TO (5), PAID TO PRACTITI MENTS TOTALING \$100 OR MORE PUBLIC DATA.	NRESOTA STATUTES REQUIRE WHOLESA MBURSEMENT OTHER COMPENSATION . LENDAR YEAR. THE REPORT SHALL IDE D SHALL IDENTIFY THE PRACTITIONER.	MON ASSN
P. ver MN 5-6636	Dr, Deer	۲ ا	Deer RIVER Hes/Incare
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NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER MN BOARD OF PHARMACY LICENSE NUMBER Please include designation (i.e., MD, etc.) A/M CORNER DRUG INCORPORATED NAME OF PRACTITIONER 360778-5 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 ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER 418 EAST MARYLAND AVENUE, ST. PAUL, MN. SS/06-2507 **PAYMENTS** VALUE OF TYPE OF PAYMENTS

											NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	2,600 V 9 -4	י ע ד	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
							85-71-11 D 22111	11 ha lilleman Am	1998	none to report is	ADDRESS OF PRACTITIONER	REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), PAID TO PRACTITIONERS OUR DURING THE YEAR, CALERDAR 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.	THERE IS A COUNTY OF THE WITH THE BOXED OF PHARMACY AN ANNUAL REPORT DENTIFYING ALL PAYMENTS, HONORARIA.	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER
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		-									Nore	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	360242-1	ef Pharmacy license nu asemindia lic igit	4027 Central Av. N.E.	OF THE PERSON DESIGNATION OF THE PRINCIPLE OF THE PRINCIP
									-			ADDRESS OF	CALENDAR YEAR. THE REPORT SHALL ID AND SHALL IDENTIFY THE PRACTITIONER	NAMES OF A PARTY OF THE PROPERTY OF THE PARTY OF THE PART	AV NE	
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NAME OF PRACTITIONER	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
PANALE HONOBADTA	MBHBSEMENTS, OR OTHER COMPENSATION HAS	BEEN MADE OR	PAID TO PRACTIONERS.
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INHN R. PACHOREK			
OF BECH ATOBY AFE	AIBS 11/13/98		
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Wayzata - Lake Pharmacy 275 E. LAKE STREET

									NONE	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	MN BOARD OF PHARMACY LICENSE NUMBER $3 (00290-0)$	NAME OF WHOLESALE DROG DISI KIBUTOR/MANUFACTUREK	NAME OF WILLIAMS OF THE PUBLIC PROPERTY OF THE PUBLIC PUBLIC PROPERTY OF THE PUBLIC PUBLIC PROPERTY OF THE PUBLIC
							-			ADDRESS OF PRACTITIONER	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF FEARMACY 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 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.	ATA, MN 55391	275 E. LAKE STREET
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										TYPE OF PAYMENTS	THE BOARD OF PHARMACY AN ANNUAL REFORT IDENTIFYING ALL PAYMENTS, HONORARIA, CLAUSES (3) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING Y PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, IN ARE PUBLIC DATA.		

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TYPE OF PAYMENTS	PAYMENTS	ADDRESS OF PRACTITIONER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)
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ual refort identifying all fayments, honorari Ioners in minnesota during the preceding	BOARD OF PHARMACY AN ANN	MINRESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE	MN BOARD OF PHARMACY LICENSE NUMBER
	LUSTES DOON YE		Cach Suit True
	MANUFACTURER	ADDRESS OF WHOLESALD BY	NAME OF WILD FRALE DRIEG DISTRIBITIOR/MANUFACTURER

NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER MAYO PHARMACY LICENSE NUMBER 359975-4 NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER ACC STATISTIC STRUCTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT DENTIFYING ALL FAYMENTS, HONORARIA, REMAINDER SECTION AUTHORIZED UNDER SECTION 151.461, CLAUSES 9) TO (5), FAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALLENDAR YEAR. THE PROOT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PROVISION ARE FUBLIC DATA. AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE FUBLIC DATA. ADDRESS OF PRACTITIONER PAYMENTS PAYMENTS TYPE OF PAYMENTS	REDMANUFACTURER RE BOARD OF PHARMACY AN ANNUAUSES 91 TO 65, PAID TO PRACTITIO ANYMENTS TOTALING \$100 OR MORE, VALUE OF PAYMENTS PAYMENTS PAYMENTS	TYPE OF PAYMENTS
Ma	Kepostable Hillioily		
		iv.	

										NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)		Weeks + Leo Co. Inc.	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
· · · · · · · · · · · · · · · · · · ·							NONE			ADDRESS OF PRACTITIONER	REIMBURESMENT CHIEF COMPENSATION AUTHORIZED UNDER SECTION 151.441, CLAISES (4) 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.	$\mathcal{D}es\mathcal{M}_{o}$ in the particular property the particular parti	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER
										VALUE OF PAYMENTS	JSES (3) TO (5), PAID TO PRACTIC YMENTS TOTALING \$100 OR MO RE PUBLIC DATA.	TA 50322-	R/MANUFACTURER
										TYPE OF PAYMENTS	CLAISES 6), TO (5), FAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING TY PAYMENTS TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, ON ARE PUBLIC DATA.	2-0570	

											NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	360114-7, 360307-7 & 359812-4	NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER HENRY Schein, he.
								Year 1998.	Reportable activity for the colondone	Please Note: Howay Schein, Inc. has No	ADDRESS OF PRACTITIONER	MINESULA SIA DUES REQUIRE WHOLESALE DICESALE DIVIDER SECTION 151 AND DOCUMENT OF THE PRECEDING REIMBURSOMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151 464, CLAURUSE (6) TO (6), FAID TO PRACTITIONERS IN MINRESOTA DURING THE PRECEDING REIMBURSOMENT OTHER COMPENSATION AUTHORIZED UNDER THE VEAR, CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE MATURE 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 WHOLESALE DRUG DISTR BLDG # 49, MEV. (M, 5010 M, 814) 28 1871 BLID, SMEES, NV 8943 41 WEAVEL COMB, DENNEC, PA 1
				:#							PAYMENTS	USES (3) TO (5), PAID TO PRACTIFI YMENTS TOTALING \$100 OR MOR RE PUBLIC DATA.	IBUTERMANUFACTURER 1 SHOO! MANALAPOOLS, IN 46068 1857
											TYPE OF PAYMENTS	IONERS IN MINNESOTA DURING THE PRECEDING E, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	268

North Country Regional Hospital Marracy Wendley Regional Hospital Marracy Independent Security William Country Internet Country Productive Advanced Region Security Independent Security Internet Inter	VANIE OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTE	RMANUFACTURER	
Aztivi*	North Country Regional It	1100 W. 38 %	Kemidji, MN s	6601
	MN BOARD OF PHARMACY LICENSE NUMBER	Minnesota statutes require wholesale drug distributors to file with th reimbursement other compensation authorized under section isi.461, clai	(BOARD OF PHARMACY AN ANNU (SES (3) TO (5), PAID TO PRACTITI	IAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, DNERS IN MINNESOTA DURING THE PRECEDING
ADDRESS OF PRACTITIONER PAYMENTS PAYMENTS 1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	360449-0	AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION A	Œ PUBLIC DATA.	
	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	PAYMENTS	TYPE OF PAYMENTS
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NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	i	UMANUFACTURER	
Henry School, Inc	1001 NOFEN Drive Grapevine, TX 76051	Grapevine, TX	76051
MN BOARD OF PHARMACY LICENSE NOMBER	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), 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.	BOARD OF PHARMACY AN ANNUAL I SES (3) TO (5), FAID TO PRACTITIONE (MENTS TOTALING \$100 OR MORE, TO E PUBLIC DATA.	REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, RS IN MINNESOTA DURING THE PRECEDING) A PARTICULAR PRACTITIONER DURING THE YEAR,
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	PAYMENTS	TYPE OF PAYMENTS
	Henry Schrin, Inc. had no		
	reportable activity for the		
	Calendar year 1998.		
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NAME OF WHOLESALE DROG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUEACTURER	RMANUFACTURER	
Rochester Methodist Hospital	Pharmacy 201 W. Center St. Roch	Rochester, MN 55902	
MN BOARD OF PHARMACY LICENSE NUMBER 200540–1	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.	E BOARD OF PHARMACY AN ANN USES (3) TO (5), PAID TO PRACTIT LYMENTS TOTALING \$100 OR MOR	UAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, IONERS IN MINNESOTA DURING THE FRECEDING E, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
NAME OF PRACTITIONER Please include designation (i.e., MI), etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
No Payments, No reportable a	activity		
	88)11/11 town 17 82		
			911

										No Payments, No reportable	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	201162-8	Saint Marys Hospital Pharmacy	NAME OF WHOLESALE DRUG DISTRIBUTORMANUFACTURER
									- six diment 11/16/98	activity.	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.	1216 Second Street SW,	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER
					•						VALUE OF PAYMENTS	JSES (3) TO (5), PAID TO PRACTIT YMENTS TOTALING \$100 OR MOR RE PUBLIC DATA.	SW, Rochester, MN 55902	R/MANUFACTURER
											TYPE OF PAYMENTS	IONERS IN MINNESOTA DURING THE PRECEDING 15, TO A PARTICULAR PRACTITIONER DURING THE YEAR,	902 OAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA,	

									, ,	24	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	MIN BUAKU DE FRAKMACYLICEISE NUMBEK	The Consideration of the Constant of the Const
										101 by to be reported	ADDRESS OF PRACTITIONER	MINNESOLAS IALLY ES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF FRAMMACE AN ANNORE REPORT DENTIFYING ALL FATRICALS, HOWCARDS, 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.	Dress of WHOLESALE DRUG DISTRIBUTERMANUFACTURER 615 S, M//S
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), dec.)	EXPERT-NED, IND.	400 ANDAUGIA AVE, C	Demond Berett,	TO SHITY TO BEFORE THE MITTING ALL PAYMENTS, HONORARIA,
on (i.e., MD, etc.)	AN BOARD OF PHARMACY LICENSE NUMBER	MINNESOTA STATUTES REQUIRE WHOLESALE DIRUG DISTABULUS TO FILE THAT THE MEMBERS AND THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYM CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYM CALENDAR YEAR. THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE	28 (3) TO (5), PAID TO PRACTITI 1ENTS TOTALING \$100 OR MORI PUBLIC DATA.	ONERS IN MINNESOTA DURING THE PRECEDING E, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
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NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER		•
PENNER & WELSCH INC	SON SHORT ST	BLDE J	ICGNNER, LA 10002
MN BOARD OF PHARMACY LICENSE NUMBER	MINNESOTA STATU S REQUIRE WHOLESALE DRUG DISTRIBUTORS TO TILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL FAYMENTS, HONOKARIA, REIMBURSEMENT (HER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAID TO PRACTITIONERS IN MINNESOTA DURING THE PRACEDING THE YEAR,	BOARD OF PHARMACY AN ANN SES (3) TO (5), PAID TO PRACTIT MENTS TOTALING \$10) OR MOR	UAL REPORT IDENTIFYING ALL PAYMENTS, HONOKANIA, IONERS IN MINNESOTA DURING THE PRECEDING E. TO A PARTICULAR PRACTITIONER DURING THE YEAR,
360767-7	AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	R PUBLIC DATA.	
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	PAYMENTS	TYPE OF PAYMENTS
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										No activity to report.	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	MN BOARD OF PHARMACY LICENSE NUMBER $360649-8$ AND AND REI AND AND REI AND AND AND AND AND AND AND AN	ospital	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
-											ADDRESS OF PRACTITIONER	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTIONS OF ILLE WITH THE BOARD OF FHARMACE AN ANNOTAL REFORE DEPOSITE THE PRECEDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION ISLAGL, 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.	1200 5th Grant	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.)
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TAL BEFORT IDENTIFYING ALL PAYMENTS, HONORARIA,	MARK , LOUINE	22 CORPSERIE PA	ZEE MEDICAL, INC.
(A 02/6/	MANUFACTURER	5	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

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MANE OF WIOLESALE DRUG DISTRIBUTORMANUFACTURER WANTE OF PHARMACY LICENSE NUMBER HOSY33-7 NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHAIMACY AN ANNUAL REPORT DENTIFYING ALL FAVMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (1) TO (5), FAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE PRACTITIONER FILED UNDER THIS PROVISION ARE PUBLIC DATA. AND SHALL IDENTIFY THE PRACTITIONER REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA. AND SHALL DENTIFY THE PRACTITIONER PROVISION ARE PUBLIC DATA. PAYMENTS PAYMENTS TYPE OF PAYMENTS	TH THE BOARD OF PHAIMACY AN ANY PAYMENTS TOTALING \$100 OR MOISION ARE PUBLIC DATA. PAYMENTS TOTALING \$100 OR MOISION ARE PUBLIC DATA. PAYMENTS TOTALING \$100 OR MOISION ARE PUBLIC DATA.	ULSECA MR. 56093 NULL REPORT IDENTIFYING ALL FAYMENTS, HONORARIA, PROPERTY IN MINNESOTA DURING THE PERCEDING RE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, TYPE OF PAYMENTS
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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 FILED UNDER THIS PROVISION ARE PUBLIC DATA.
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										TYPE OF PAYMENTS	TAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, ONERS IN MINNESOTA DURING THE PRECEDING E, TO A PARTICULAR PRACTITIONER DURING THE YEAR,

										NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	WIN BOARD OF PHARMACY LICENSE NUMBER / MC	NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
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SE NOMBER 24-5 STITIONER on (i.e., MD, etc.)	Naeve Hospital Pharmacy		, MN 56007	
ONER ADDRESS OF PRACTITIONER PAYMENTS NONE NONE NONE	MN BOARD OF PHARMACY LICENSE NUMBER Wholesale: 359969-9 Manufacturer: 459764-5	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAU CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAY AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION AR	TBOARD OF PHARMACY AN ANNI ISES (3) TO (5), PAID TO PRACTITI YMENTS TOTALING \$100 OR MOR UB PUBLIC DATA.	UAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, ONERS IN MINNESOTA DURING THE PRECEDING E, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
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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 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 STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO TILE WITH T	ADDRESS OF WHOLESALE DRUG DISTRIBUT
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NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTERMANUFACTURER	MANUFACTURER	
THE T. OOHMEN CO.	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT DENTIFYING ALL PAYMENTS, HONORARIA,	BOARD OF PHARMACY AN ANN	UNEAPORT IDENTIFYING ALL PAYMENTS, HONORARIA,
360251-5	REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 131.401, CLAUSES (3) TO (3), FAID TO FACE ITADIAES IN MININESOT A DORING THE FEEDING 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.	nes (3) 10 (3), faid to fractity Ments totaling \$100 or mob IE public data.	IE, TO A PARTICULAR PRACTITIONER DURING THE YEAR,
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
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										NO 11	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	360508-8	Shyder Drug distributormanufacturer Shyder Drug #67 MN BOARD OF PHARMACYLICENSE NUMBER
									•		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 YEA AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARI
					(v						PAYMENTS	Auses (3) to (5), paid to pract Payments totaling \$100 or mo are public data.	HE BOARD OF PHARMACY AN AN
											TYPE OF PAYMENTS	ITIONERS IN MINNESOTA DURING THE PRECEDING)RE, TO A PARTICULAR PRACTITIONER DURING THE YEA	MAN ECONO ME ST 3 C

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER		ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER	OMANUFACTURER	
WENDT PROFESSIONAL LABORATORIES INC.	S INC.	23449 CHATFIELD DRIVE/P.O. BOX 128,	P.O. BOX 128, BE	BELLE PLAINE, MN 56011
MN BOARD OF PHARMACY LICENSE NUMBER 459818-1	MINNESOTA STATUTES REQUIRE WHOLES REIMBURSEMENT OTHER COMPENSATION CALENDAR YEAR. THE REPORT SHALL AND SHALL DERTIFY THE PRACTITIONS	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO BLE WITH THE BOARD OF PLAN REIMBURBSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (1) TO (5), FAI CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALIN AND SHALL IDENTIFY THE PEACTITIONEE. REPORTS SILED INDER THIS PROVISION ARE PHISLIC DATA.	: BOARD OF PHARMACY AN ANN ISES (3) TO (5), PAID TO PRACTIT IMENTS TOTALING \$100 OR MOF	MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PLARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONOKAKIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (3) TO (5), FAD 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 DURING THE PROVISION ARE PHRILED DATA.
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