NOME	GRANITE CITY JOBBING CO., MN BOAKD OF PHARMACY LICENSE NUMBER  304648-5 NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER  INC.  2731 CLEARWATER ROAD, ST. CLOUD, MN. 56301  MINNESOTA STATUTES REQUIRE WHOLESALE DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSON THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALING S100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.  AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.  ADDRESS OF PRACTITIONER  ADDRESS OF PRACTITIONER  PAYMENTS  TYPE OF PAYMENTS	ROAD, ST. CLOUD, HTHE BOARD OF PHARMACY AN ANNUAL CLAUSES (3) TO (5), PAID TO PRACTITION VE PAYMENTS TOTALING \$100 OR MORE, ION ARE PUBLIC DATA.  VALUE OF PAYMENTS
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MN BOARD OF PHARMACY LICENSE NUMBER NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER Halfhline Mideeal Supply 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 1101 E 37 th St. ADDRESS OF WHOLESALE DRUG DISTRIBUTER/MANUFACTURER Swite 18 PAYMENTS VALUE OF TYPE OF PAYMENTS