

NAME OF VENDOR, I.E. DRUG DISTRIBUTOR/MANUFACTURER A+S DRUG 361471-5	ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER 101 WEST MAIN	NAME OF PRACTITIONER (include designation (i.e., MD, etc.)	TYPE OF PAYMENTS	VALUE OF PAYMENTS	ADDRESS OF PRACTITIONER
<p>MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (9) TO (9), 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.</p>					
<p>WE DO NOT PROVIDE ANY GIFTS OR PAYMENTS TO PRACTITIONERS OF ANY TYPE</p>					
<p>CHUCK SENDZELBACH, RPh</p>					
<p>CM Archibach RPh</p>					
<p>12/12/05</p>					

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER: **101 WEST MAIN**  
 ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER: **STONE, MN 56104**

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (9) TO (20), 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.

NAME OF PHARMACY LICENSE NUMBER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
361421-5				
		WE DO NOT PROVIDE ANY GIFTS OR PAYMENTS TO PRACTITIONERS OF ANY TYPE		
		CHUCK SEMPELBACH, RPh		
		On Anthony RPh		
		12/12/05		

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

High Point Pharmacy

360882 -3

BOARD OF PHARMACY LICENSE NUMBER

360882 -3

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

none

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

8650 Hudson Blvd #100 Lake Ave Min 55042

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.451, CLAUSES (9) TO (9), 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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NAME OF WHOLESALER DRUG DISTRIBUTOR/ MANUFACTURER

*Viking Industrial Center*

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/ MANUFACTURER

*710 Taylors Ave. St Paul, MN 55114*

MN BOARD OF PHARMACY LICENSE NUMBER

*301258-7*

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (5) TO (8), 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.

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

*NONE*

ADDRESS OF PRACTITIONER

VALUE OF  
PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 30 2005

MINNESOTA BOARD  
OF PHARMACY



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Mississippi Welders Supply Co Inc 2705 Hwy 14W Rochester mn 55901

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALER 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.

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT  
DEC 30 2005  
MINNESOTA BOARD  
OF PHARMACY

*Handwritten signature*

NAME OF WHOLESALER/DRUG DISTRIBUTOR/MANUFACTURER

Mississippi Welders Supply Co Inc

ADDRESS OF WHOLESALER/DRUG DISTRIBUTOR/MANUFACTURER

5211 Moundview Dr Red Wing MN 55066

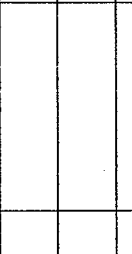
MN BOARD OF PHARMACY LICENSE NUMBER

360129-9

MINNESOTA STATUTES REQUIRE WHOLESALER 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.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS

RECEIVED  
DEC 30 2008  
JOB 098  
MINNESOTA BOARD  
OF PHARMACY





NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

MINNESOTA STATUTES REQUIRE WHOLESALER 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 TOTALLING \$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 WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

MIN BOARD OF PHARMACY LICENSE NUMBER

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

1033 FARIBAULT RD. STE A FARIBAULT, MN 55021

360844-1

NONE

RECEIVED AT  
DEC 30 2005  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESale DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESale DRUG DISTRIBUTOR/MANUFACTURER

JAM's Distribution Center 161097

12301 West Old Shakopee Road Blomington MN 55438

MIN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESale 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 TOTALLING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

3161Dale-4

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

no Activity

RECEIVED AT  
DEC 28 2005  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Prairie Stone Pharmacy

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2900 W 66th St Richfield Mn 55423

MN BOARD OF PHARMACY LICENSE NUMBER

361560-9

MINNESOTA STATUTES REQUIRE WHOLESALER 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 TOTALLING \$1000 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 PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
None			
			RECEIVED AT
			DEC 28 2005
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER: **Fairview Ridgerview Pharmacy**  
 ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER: **303 E. Nicollet Blvd. Burnsville, MN 55337**  
 MN BOARD OF PHARMACY LICENSE NUMBER: **361518 - 8**  
MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (5) TO (9), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALLING \$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 PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
-	-	-	-
Not applicable			
Applied to Susan G. Rupp			

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 DEC 28 2005  
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 OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER: **WMMC Medical Equipment for the Home** ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER: **1104 East College Dr, Mausball, MN 56258**

MN BOARD OF PHARMACY LICENSE NUMBER: **360798-9**

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (5) TO (9), 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.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
None			
			RECEIVED AT DEC 28 2005 MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	MN BOARD OF PHARMACY LICENSE NUMBER	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
Stevens Community Wholesale	400 E. 1st Street	360955-0			
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)					
none					

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 MINNESOTA BOARD  
 OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Nave Hospital Pharmacy

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

404 Fountain Street, Albert Lea, MN 56007

MN BOARD OF PHARMACY LICENSE NUMBER

359969-9

MINNESOTA STATUTES REQUIRE WHOLESALER 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 TALLING \$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.)

None

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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DEC 28 2005  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Naevre Hosstad Pharmacy

MN BOARD OF PHARMACY LICENSE NUMBER

459764-5

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

404 Fountain Street

Albert Lea, MN 56007

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REBURSEMENT 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.

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

None

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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DEC 28 2005  
MINNESOTA BOARD  
OF PHARMACY



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*Rubin Drug Corp*

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*4098 Cakeland N Robinsondale MN*

MN BOARD OF PHARMACY LICENSE NUMBER

*360336-5*

MINNESOTA STATUTES REQUIRE WHOLESALERS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OR 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 TALLING \$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.)

*WJW*

ADDRESS OF PRACTITIONER

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DEC 27 2005  
MINNESOTA BOARD  
OF PHARMACY

VALUE OF PAYMENTS

TYPE OF PAYMENTS



55805

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

St. Luke's Hospital Pharmacy

915 East 1st Street Duluth, MN

MN BOARD OF PHARMACY LICENSE NUMBER

360699-3

MINNESOTA STATUTES REQUIRE WHOLESALER 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.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
None		\$0	
			RECEIVED AT
			DEC 27 2005
			MINNESOTA BOARD OF PHARMACY



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ELZAH Medical Center

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

930 1st Street NE Elbow Lake MN 56531

MN BOARD OF PHARMACY LICENSE NUMBER

360716-7

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (9) TO (9), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TALLING \$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 PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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RECEIVED AT

DEC 22 2005

MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MIN BOARD OF PHARMACY LICENSE NUMBER

701 2TH AVE S.E. CEASED BUSINESS

3901074-4

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 22 2005

MINNESOTA BOARD OF PHARMACY

*[Handwritten signature]*

*[Handwritten signature]*

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Community Memorial Hospital

512 Skyline Blvd, Cloquet MN 55720

MN BOARD OF PHARMACY LICENSE NUMBER

MINNESOTA STATUTES REQUIRE WHOLESALE 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 TOTTALLING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

360770-1

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

None

None

None

None

RECEIVED AT

DEC 19 2005

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*West Health Pharmacy*

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*855 Campus Dr. Plymouth MN 55741*

MN BOARD OF PHARMACY LICENSE NUMBER

*261148-4*

MINNESOTA STATUTES REQUIRE WHOLESALE DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (5) TO (8), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALLING \$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 PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS

RECEIVED AT  
DEC 19 2005  
MINNESOTA BOARD  
OF PHARMACY



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER  
 TPK Products Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER  
 PO Box 547 2435 W. Industrial Blvd.

Longlake, MN 55356

MN BOARD OF PHARMACY LICENSE NUMBER  
 360854-3

MINNESOTA STATUTES REQUIRE WHOLESALE 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 TOTALLING \$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 PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
None	None	None	None

RECEIVED AT  
 DEC 19 2005  
 MINNESOTA BOARD  
 OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER  
 SMOC Clinics & Depts. Drug Dist. Center

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER  
 400 E. Third Street M3E70, Duluth, Mn. 55805

MN BOARD OF PHARMACY LICENSE NUMBER  
 361179-7

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (5) TO (9), 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.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
We only do business w/ our physicians.	We do not provide gifts,		
	our physicians.		
	But will pay R-ph.		
	12/15/05		RECEIVED AT DEC 19 2005 MINNESOTA BOARD OF PHARMACY





NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

*Cambree Medical Center Pharmacy*

*791 So. Dellywood St. Cambridge, MN 55008*

MN BOARD OF PHARMACY LICENSE NUMBER

*369461-0*

MINNESOTA STATUTES REQUIRE WHOLESAL DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OR 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 TOTALLING \$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 PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
<i>NO ACTIVITY</i>			
			<b>RECEIVED AT</b>
			<b>DEC 20 2005</b>
			<b>MINNESOTA BOARD OF PHARMACY</b>

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Allina Home Oxygen & Medical Equipment

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1324 5th Street North New Ulm MN 56073

MN BOARD OF PHARMACY LICENSE NUMBER

361032-9

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (9) 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.

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

NO

ADDRESS OF PRACTITIONER

REPORTABLE

VALUE OF PAYMENTS

ACTIVITY

TYPE OF PAYMENTS

RECEIVED AT

DEC 20 2005

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

*Apria Healthcare*

MN BOARD OF PHARMACY LICENSE NUMBER

*460070-7*

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

*1501 Northway Drive St Cloud MN 56303*

MINNESOTA STATUTES REQUIRE WHOLESALER 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.

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

*None to report*

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT  
DEC 20 2005  
MN. BOARD OF PHARMACY





NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*Proxim Distribution, Inc*

*1223 Range Street  
Mapleto MN 55061*

MN BOARD OF PHARMACY LICENSE NUMBER

*361382-1*

MINNESOTA STATUTES REQUIRE WHOLESALE 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.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
<i>N/A</i>			
			RECEIVED AT
			JAN 12 2006
			MINNESOTA BOARD OF PHARMACY



DEPARTMENT : MINNESOTA BOARD OF PHARMACY

STATE OF MINNESOTA

**Office Memorandum**

TO : Legal Affairs Department  
Minnesota Licensed Drug Wholesalers  
Minnesota Licensed Drug Manufacturers

FROM : Cody Wiberg, PharmD, RPh  
Executive Director

PHONE : (612) 617-2201 - Hearing/Speech Relay Metro: 297-5353  
FAX : (612) 617-2212 - Hearing/Speech Relay Non-Metro: 1-800-627-3529

SUBJECT : Gifts to Practitioners

The 1993 Minnesota Legislature passed a bill requiring each "wholesale drug distributor" to file, with the Board of Pharmacy, an annual report identifying all payments, honoraria, reimbursement, and other compensation paid to licensed practitioners in Minnesota during the preceding calendar year. The report requires companies to identify the nature and value of any payments, totaling \$100 or more, to a particular practitioner during the year (Minnesota Statutes 151.461, (3) - (5) and 151.47, subd. 1 (f)). Enclosed is a copy of the form we will be using to collect this information. Please complete this form and return it to us at your earliest convenience. Please return the form, even if you had no reportable activity, to:

Minnesota Board of Pharmacy  
2829 University Avenue Southeast, Suite 530  
Minneapolis, MN 55414-3251

All drug wholesalers and drug manufacturers, doing business in Minnesota, began keeping track of these types of disbursements, effective January 1, 1994. While no specific date is found in the statutes, reports are to be filed early each year, covering disbursements made in the previous calendar year.

Your cooperation is greatly appreciated.

CW:pe

Xinetpharm, Inc does not give any  
gifts to any practitioners  
THANKS  
Nancy Gomez

NAME OF WHOLESALER/DRUG DISTRIBUTOR/MANUFACTURER

ABBOTT-MW MED BLOG PHARMACY

ADDRESS OF WHOLESALER/DRUG DISTRIBUTOR/MANUFACTURER

8545 CHICAGO AVE S. STE 120 MPLS, MN 55404

MN BOARD OF PHARMACY LICENSE NUMBER

360091-5

MINNESOTA STATUTES REQUIRE WHOLESALER 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.

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

NONE

ADDRESS OF PRACTITIONER

JO REPORT

VALUE OF  
PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 19 2005

MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Childrens West Pharmacy

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

6060 Clearwater Dr Ste 120 Minnetonka MN 55343

MN BOARD OF PHARMACY LICENSE NUMBER

360804 - 3

MINNESOTA STATUTES REQUIRE WHOLESALER 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 TOTALLING \$1000 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 PRACTITIONER

NONE

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 19 2005

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Clearwater County Hospital Pharmacy

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

203 4th St. NW, Bagley, MN 56621

MN BOARD OF PHARMACY LICENSE NUMBER

361401-1

MINNESOTA STATUTES REQUIRE WHOLESALER 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 TOTALLING \$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 PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 19 2005

MINNESOTA BOARD OF PHARMACY

NONE  
person's  
signature

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER  
*EPHEN Medical dnc.*

MIN BOARD OF PHARMACY LICENSE NUMBER  
*460079-4*

MINNESOTA STATUTES REQUIRE WHOLESALER 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 WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER  
*4925 White Bear Parkway St 600 St. Paul, MN 55110*

ADDRESS OF PRACTITIONER  
*No payments*

NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

VALUE OF PAYMENTS

TYPE OF PAYMENTS

**RECEIVED AT**

**MAR 28 2006**

**MINNESOTA BOARD OF PHARMACY**

*Chris S. Bergdoy. Officiating 952-746-6770*

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*St. Francis Regional Medical Center*

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

*1455 St Francis Av, Shakopee, MN 55379*

MN BOARD OF PHARMACY LICENSE NUMBER

*whsl # 360510-1*

MINNESOTA STATUTES REQUIRE WHOLESALE 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 (6), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTTALLING \$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 PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
<i>none</i>		<i>none</i>	<i>none</i>

RECEIVED AT  
APR 26 2006  
MINNESOTA BOARD OF PHARMACY



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Bethesda Hospital Pharmacy

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

559 Capitol Blvd, St Paul MN 55103

MN BOARD OF PHARMACY LICENSE NUMBER

260468-2

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.461, CLAUSES (9) TO (5), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TOTALLING \$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 PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No reportable activity

RECEIVED AT  
MAY 31 2006  
MINNESOTA BOARD  
OF PHARMACY



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

SYSCO FOODSERVICES OF MN  
MN BOARD OF PHARMACY LICENSE NUMBER

360450-0

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

2400 COUNTY RD J MOUNDS VIEW MN 55112

MINNESOTA STATUTES REQUIRE WHOLESALER 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.

NAME OF PRACTITIONER

Please include designation (i.e., MD, etc.)

N/A

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT  
JUN 05 2006  
MINNESOTA BOARD  
OF PHARMACY