

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

M&D Distributing Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

2367 University Ave St. Paul - Mn 55114

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 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 BOARD OF PHARMACY LICENSE NUMBER

360816-6

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

-0-

RECEIVED AT

DEC 15 2005

MINNESOTA BOARD OF PHARMACY

Table with 4 columns: Name of Practitioner, Address of Practitioner, Value of Payments, Type of Payments. Multiple empty rows for data entry.

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER		ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	
CRAMER DENTAL SALES, INC. MN BOARD OF PHARMACY LICENSE NUMBER 361472-3		2360 Daniels St, Long Lake, MN 55356	
<small>MINNESOTA STATUTES REQUIRE WHOLESALERS AND MANUFACTURERS 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 \$1000 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.</small>			
NAME OF PRACTITIONER <small>Please include designation (i.e., MD, etc.)</small>	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS

RECEIVED AT
 DEC 15 2005
 MINNESOTA BOARD OF PHARMACY

\$1000.00

are made of
 2005
 NO Payer is
 New York

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ZEE MEDICAL SERVICE / FIRST MD SERVICE INC

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

P.O. Box 941 Burnsville MN 55337

MIN BOARD OF PHARMACY LICENSE NUMBER

301236-7

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 (3) TO (6), 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

0

TYPE OF PAYMENTS

NONE

NAME OF WHOLESALER, DRUG DISTRIBUTOR/MANUFACTURER
GIGFOUR VALLEY PHARMACY

ADDRESS OF WHOLESALER, DRUG DISTRIBUTOR/MANUFACTURER

258 PINE TRAIL DANE BIGFOUR MN

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 (8), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TALLING SIX 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 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 (8), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING CALENDAR YEAR. THE REPORT SHALL IDENTIFY THE NATURE AND VALUE OF ANY PAYMENTS TALLING SIX OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER. REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NO BOARD OF PHARMACY LICENSE NUMBER
3613355

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NO GIFTS PROVIDED

**TO ANY PRACTITIONER, OR ORGANIZATION
Heferson Ph. P.C.**

NAME OF WHOLESALER DRUG DISTRIBUTOR/ MANUFACTURER <i>BIGFORK VALLEY PHARMACY</i> MIN BOARD OF PHARMACY LICENSE NUMBER <i>3613355</i>	ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/ MANUFACTURER <i>858 PINE TREE DRIVE BIGFORK MN</i>	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.) <i>NO GIFTS PROVIDED</i> <i>TO ANY PRACTITIONER OR ORGANIZATION</i> <i>Hickman Ph. P.C.</i>	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS

MINNESOTA STATUTES REQUIRE WHOLESALERS AND 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 (15), 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 WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER
Paterson Dental Supply

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER
2930 Walters Rd Suite 100 Eagan MN 55123

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.

MIN BOARD OF PHARMACY LICENSE NUMBER
360927-5

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

DEC 15 2005
MINNESOTA BOARD OF PHARMACY

12-13-05

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

B+B Vet Supply

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

207 South 1st St, Montgomery, Mn 56069

MN BOARD OF PHARMACY LICENSE NUMBER

359839-9

MINNESOTA STATUTES REQUIRE WHOLESALE 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 (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.)

[Handwritten Signature]

ADDRESS OF PRACTITIONER

VALUE OF
PAYMENTS

10-

TYPE OF PAYMENTS

RECEIVED AT

DEC 15 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	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 CLAUSE (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 PRACTITIONERS REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA
NAME OF PRACTITIONERS PLEASE INCLUDE DESIGNATION (i.e., MD, etc)	VALUE OF PAYMENTS	TYPE OF PAYMENTS
Organon USA Inc	6350 Hedgewood Drive, Allentown, PA	
360713-8		
See Attached		

Organon USA Inc. Payments to MN Licensed Practitioners 2005						
First Name	Last Name	Street Address	City	State	Value of Payt. (\$)	Type of Payt.
Patrick	Schlievert	420 Delaware Street SE	Minneapolis	MN	830	Consultant
Patrick	Schlievert	420 Delaware Street SE	Minneapolis	MN	2,675.00	Consultant
Kumar	Belani	4916 Ridge Road	Edina	MN	1,000	Honoraria
Kumar	Belani	4916 Ridge Road	Edina	MN	2,018	Honoraria

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
Boehringer Ingelheim Vetmedica, Inc. MN BOARD OF PHARMACY LICENSE NUMBER #459721-8	P.O. Box 338, Elwood, KS 66024	Midwest Veterinary Supply Inc.	11965 Larc Industrial Blvd, Burnsville, MN 55337	\$ 146,03	Professional Services
Advanstar Expco/Advanstar Communications	131 W 1st St., Duluth, MN	Ronald W. Seamusra	4515 Minnehaha Ave, Minneapolis, MN 55406	\$ 2,335.00	Professional Services
Dawson Veterinary Clinic	827 Oak Street c/o Foshm Product Support	Dawson, MN	56232 55344	\$ 364.83	Professional Services
Diagnostic Group LLC/Tremetris	7625 Golden Triangle Drive, Suite F	Eden Prairie, MN	55107	\$ 390.00	Professional Services
Soderberg, Inc.	230 Eva Street	Saint Paul, MN	55440	\$ 529.70	Professional Services
Group Health Plan, Inc./Partners Health	P.O. Box 244	Minneapolis, MN	56031	\$ 111.00	Professional Services
Fairmont Veterinary Clinic LP	1275 Highway 15 S	Fairmont, MN	56016	\$ 5204.93	Professional Services
Clarks Grove-Waseca Veterinary Clinic	P.O. Box 30	Clarks Grove, MN	55939	\$ 3851.91	Professional Services
Harmony Vetclinic PA	855 Wickett Drive	Harmony, MN	56097	\$ 293.77	Professional Services
South Central Vet, Associates P.A.	Hwy 109 E P.O. Box 230	Wells, MN	56258	\$ 13,404.86	Professional Services
Marshall Animal Clinic	1300 Highway 59 North	P.O. Box 30 Marshall, MN	56288	\$ 2,827.87	Professional Services
Edgerton Veterinary Clinic	1001 Main Street	P.O. Box 275 Edgerton, MN	55252	\$ 3,098.01	Professional Services
Lewiston Vet Clinic William & Kathleen Brockway, Partners Brockway - Brown Vet Clinic	440 Debra Drive	P.O. Box 117, Lewiston, MN	56175	\$ 1,320.95	Professional Services
MN Horse and Hunt Club Dr. Ruth Loula Swine Vet Center P.A. Michael McCormick Caledonia Veterinary Service	511 S. 4th Street	P.O. Box 1036, Tracy, MN	55372	\$ 641.83	Professional Services
Pipestone Veterinary Clinic	2920 220th Street East	P.O. Box 482 Pipestone, MN	56164	\$ 7,297.02	Professional Services
Animal Health Services	P.O. Box 269	Saint Peter, MN	56082	\$ 1,600.00	Professional Services
	126 West Main Street	Caledonia, MN	55221	\$ 274.56	Professional Services
	1300 South Hwy 75	P.O. Box 188 Pipestone, MN	56164	\$ 24,224.77	Professional Services
	301 Pleasant Ave.	P.O. Box 29 Atwater, MN	56209	\$ 153.25	Professional Services

Jody Fawell 3-16-06 Phone 913 - 380-3023

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
Boehringer Ingelheim Vetmedica Inc. MN BOARD OF PHARMACY LICENSE NUMBER 459721-8	P.O. Box 338, Elwood, KS 66024	Scientific Systems for Swine	7255 Blackwell Dr. S.W., Farwell, MN 56327	\$ 10,600.00	Professional Services
Land O' Lakes Purina Feed LLC		Regency Plymouth Ventures, LP	P.O. Box 64281, MS 5310, Saint Paul, MN 55164	\$ 7,500.00	Professional Services
Arrowwood Resort & Conference Center		Randall Steven Witt	2100 Arrowwood Lane N.W., Alexandria, MN 56308	\$ 200.00	Professional Services
Northwoods Park		David L. Malmborg	56633 County Hwy 40 Parkers Prairie, MN 56361	\$ 827.70	Professional Services
Robert B. Morrison		Cameron Schmitt	P.O. Box 2395, Richfield, MN 55423	\$ 800.00	Professional Services
Richard W. Kerndt		Kerndt Livestock Products	2149 Rosewood Lane South, Roseville, MN 55113	\$ 1,789.04	Professional Services
Connie Jane Gebhart		Richard W. Kerndt	606 West Main St., Pipestone, MN 56164	\$ 1,000.00	Professional Services
			4626 Savannah Dr. N.W. Rochester, MN 55901	\$ 10.00	Professional Services
			1971 Commonwealth Ave, 205 Veterinary Science Saint Paul, MN 55108	\$ 81,396.74	Professional Services

Jody Favell 3-16-06 Phone 913-380-3023

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

CROSTOWN DRUG

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

17525 CENTRAL AVENUE NE

HAM LAKE

MN BOARD OF PHARMACY LICENSE NUMBER

361135-7

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 (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 GIVEN			
			RECEIVED AT
			DEC 15 2005
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Wolffs Mushed Drug

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

101 First St SE Little Falls, MN 56348

MN BOARD OF PHARMACY LICENSE NUMBER

361252-1

MINNESOTA STATUTES REQUIRE WHOLESALE 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 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

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

JAN 25 2006

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER


ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

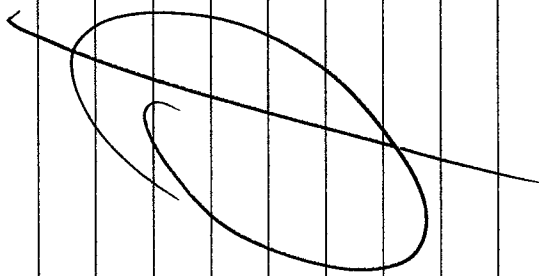
THOMPSON SNYDER DRUG
 MN BOARD OF PHARMACY LICENSE NUMBER
 36-1134-4

408 LAKE ST NE PO BOX 510

WARROAD MN 56763

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		
			RECEIVED AT
			JAN 25 2006
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER		
FAIRVIEW RED WING MED CTR PHCY 360753-6 MN BOARD OF PHARMACY LICENSE NUMBER	701 FAIRVIEW BLVD, RED WING, MN 55066 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
	PAYMENTS	2005	RECEIVED AT
	David Summers, RPh		JAN 23 2006 MINNESOTA BOARD OF PHARMACY
	PIC		

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER
 ARNESON SNYDER DRUG/DAVID ARNESON

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER
 1234 E HWY 7 MONTEVIDEO MN 56265

MN BOARD OF PHARMACY LICENSE NUMBER
 360057-5

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 (9) TO (9), 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
NO REPORTABLE ACTIVITY	<i>David R Arneson-RPL</i>		
			RECEIVED AT
			JAN 20 2006
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/ MANUFACTURER	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/ MANUFACTURER	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 TOTALING \$100 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.	TYPE OF PAYMENTS
MN BOARD OF PHARMACY LICENSE NUMBER 3616740-3	Death Advantage LLC dba RDM Death Supply Co. 452 Northco Drive, Suite 180, Mpls, MN		
NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	RECEIVED AT JAN 20 2006 MINNESOTA BOARD OF PHARMACY
<i>No</i>	<i>Dr. [Signature]</i>		
<i>[Signature]</i>	<i>[Signature]</i>		

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Riverview Healthcare Pharmacy

MIN BOARD OF PHARMACY LICENSE NUMBER

359945-3

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

323 S. Minnesota Street, Crookston, MN 56716

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.)

ADDRESS OF PRACTITIONER

NONE Distributed

Gerald Lindsay, R.Ph.

VALUE OF PAYMENTS

0

TYPE OF PAYMENTS

RECEIVED AT

JAN 19 2006

MINNESOTA BOARD
OF PHARMACY



UNIMED-MIDWEST, INC.

218 River Ridge Circle • Burnsville, MN 55337 • (800) 347-9023 • (952) 895-5030 • Fax: (952) 895-1934

Jan. 24, 2006

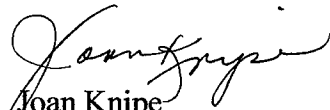
Minnesota Board of Pharmacy
2829 University Avenue Southeast, Suite 530
Minneapolis, MN 55414-3251

RE: Gifts to Practitioners

Enclosed please find our form pertaining to payments, honoraria, reimbursement and other compensation paid to licensed practitioners in Minnesota. Unimed-Midwest, Inc. is a medical distributor and only sells to state and county government facilities, primarily health service departments within correctional facilities. We do not conduct business with individual or group practitioners and have not provided any payments, honoraria, reimbursement or other compensation to licensed practitioners.

Please feel free to contact me at 952-895-5030 if you have any questions.

Sincerely,


Joan Knipe
President
Unimed-Midwest, Inc.

JK:sc

Encl.

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Elvin Safety Supply Inc

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1300 Washington Aves - Eden Prairie MN 55344

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 (9) 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

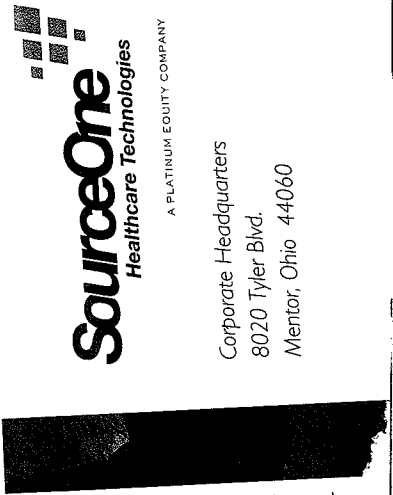
No Reportable Activity

RECEIVED AT

JAN 17 2006

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 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
			N/A			



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER Mn Board of Pharmacy License Number	ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER	NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
Owens & Minor Distribution, Inc. 305046-8	2151 County Road H2W, Mounds View, MN 55112-7729	None			RECEIVED AT JAN 17 2006 MINNESOTA BOARD OF PHARMACY

~~12/20/05~~ CHB
1/16/06

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Bendis: Medical Equipment, Inc

3503 Pine Ridge Ave NW

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
<i>MA</i>			

RECEIVED AT
JAN 11 2006
MINNESOTA BOARD
OF PHARMACY