







NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

CONTINENTAL SAFETY

MN BOARD OF PHARMACY LICENSE NUMBER

3046 42-7

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

899 AHOLO RD  
EAGAN MN

55121

MINNESOTA STATUTES REQUIRE WHOLESALE DRUG 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.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT  
NOV 12 1999  
MINNESOTA BOARD  
OF PHARMACY

NONE



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Arrowhealth Medical Supply

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

940 Industrial Drive S #104

Sauk Rapids, MN 56379

MN BOARD OF PHARMACY LICENSE NUMBER

460022-8

NAME OF PRACTITIONER

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

*[Handwritten signature]*

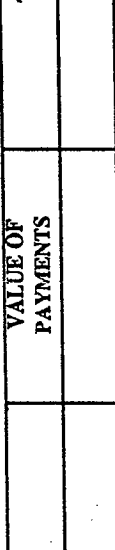
ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

MINNESOTA STATUTES REQUIRE WHOLESALER 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.

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MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	MINNESOTA STATUTES REQUIRE WHOLESALER 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.	TYPE OF PAYMENTS	VALUE OF PAYMENTS
DUCOA C.P.	917 NORTH BUSINESS 71 P.O. BOX 1014	WILLMAR MN 56301		
MN BOARD OF PHARMACY LICENSE NUMBER				
459698-9				
NAME OF PRACTITIONER				
Please include designation (i.e., MD, etc.)				

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 MINNESOTA BOARD  
 OF PHARMACY









NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Avachealth Medical Supply

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

9555 James Ave South #253  
Bloomington, MN 55431

MN BOARD OF PHARMACY LICENSE NUMBER

459987-6

MINNESOTA STATUTES REQUIRE WHOLESALERS 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

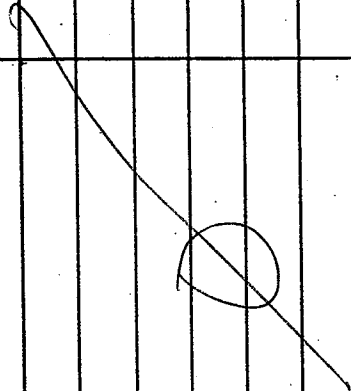
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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NOV 12 1999  
MINNESOTA BOARD  
OF PHARMACY



MINNESOTA STATE BOARD OF PHARMACY ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA,  
 REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.463, CLAUSES 6) TO 9), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING  
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NAME OF WHOLESALER DISTRIBUTOR/MANUFACTURER

Children's West Pharmacy  
 MN BOARD OF PHARMACY LICENSE NUMBER  
 36046 360804-3

ADDRESS OF WHOLESALER DISTRIBUTOR/MANUFACTURER

6060 Clearwater Drive Ste 120 Minnetonka MN 55343

MINNESOTA STATUTES REQUIRE WHOLESALER DRUG DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA,  
 REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 151.463, CLAUSES 6) TO 9), PAID TO PRACTITIONERS IN MINNESOTA DURING THE PRECEDING  
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NAME OF PRACTITIONER  
 Please include designation (i.e., MD, etc.)

VALUE OF PAYMENTS

TYPE OF PAYMENTS

ADDRESS OF PRACTITIONER		VALUE OF PAYMENTS	TYPE OF PAYMENTS									
				None given during previous year.								
							Mary Hudnicks R.Ph Pharmacist in charge					
										CHILDREN'S WEST PHARMACY 6060 CLEARWATER DRIVE #120 MINNETONKA, MN 55343 (612) 830-8880		

RECEIVED AT  
 NOV 12 1939  
 MINNESOTA BOARD  
 OF PHARMACY

**STEMP DRUG STORE**

1999

NAME OF WHOLESALER/DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER/DISTRIBUTOR/MANUFACTURER

stemp Drug

209 Main St

Chattfield, Mn 55923

MN BOARD OF PHARMACY LICENSE NUMBER

whs. Lic 360795-0

Phcy-Lic 204663-5

NAME OF PRACTITIONER

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

None

ADDRESS OF PRACTITIONER

given

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT  
NOV 12 1999  
MINNESOTA BOARD  
OF PHARMACY

and keep r.h.

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

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MN BOARD OF PHARMACY LICENSE NUMBER

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TYPE OF PAYMENTS

RECEIVED  
NOV 12 1999  
MINNESOTA BOARD  
OF PHARMACY

TRUMAN DRUG  
121 CIRO ST. TRUMAN MN 56088  
RICHARD LAURING RPH AL 06008095  
MNN LIC # 10625 (507) 726-4361

TRUMAN DRUG  
121 CIRO ST. TRUMAN MN 56088  
RICHARD LAURING RPH AL 06008095  
MNN LIC # 10625 (507) 726-4361

*2-200*  
*Sigurd*  
*Ed*

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

M. G. Lacs Hospital

MN BOARD OF PHARMACY LICENSE NUMBER

360274-8

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

200 N Elm St

Onamia MN

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ADDRESS OF PRACTITIONER

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NOV 12 1999  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

LEE INTERNATIONAL CO., Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

7420 Unity Av. N. Suite 303, Brooklyn Park, Mn 55443

MN BOARD OF PHARMACY LICENSE NUMBER

360805 - 6

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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  
NOV 12 1989  
MINNESOTA BOARD  
OF PHARMACY





NEW PRAGUE SNYDERS INC.

NEW PRAGUE SNYDERS INC.

130 West Main  
New Prague, MN 56071

130 West Main  
New Prague, MN 56071

366366-6

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

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 (9) 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.

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MINNESOTA BOARD  
OF PHARMACY

*Handwritten signature/initials*





NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER  
More-4 Family Pharmacy

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER  
612 So. Minnesota Ave, St. Peter, MN 56002

MN BOARD OF PHARMACY LICENSE NUMBER  
360206-5

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

RECEIVED  
NOV 12 1993  
MINNESOTA BOARD  
OF PHARMACY