

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Independent Pharmacy Cooperative

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1550 Columbus St Sun Prairie WI 53590

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 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.)

NONE

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NAME OF WHOLESALER DRUG DISTRIBUTOR MANUFACTURER

13819 HANSON BLVD ANDOVER MN 55304

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 151.44, 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.

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR MANUFACTURER

3608 6661

NAME OF PRACTITIONER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

ZEE MEDICAL SERVICE
P.O. BOX 911
BURNSVILLE MN 55337
952-890-1321

NAME OF WHOLESALER/DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER/DRUG DISTRIBUTOR/MANUFACTURER

FIRST AD SERVICE, INC

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.

3012367

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No Payments Made

RECEIVED AT

NOV 14 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Continental Safety Equipment

899 Apollo Rd Eagan MN 55121

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 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

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RECEIVED AT
NOV 14 2001
MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Thirty White Drug # 103

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

3015 Hwy 29 South Alexandria, MN 56308

MN BOARD OF PHARMACY LICENSE NUMBER

360389-9

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 \$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

NOV 14 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER: **Atkin Medical Supply**
 ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER: **7 an st SE Atkin, MN 56431**
 MN BOARD OF PHARMACY LICENSE NUMBER: **360923-3**

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 (9) TO (S), 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.			RECEIVED AT NOV 14 2001 MINNESOTA BOARD OF PHARMACY

Ray
June 11-12-01
General

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

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

W & C Apothecary
1266 32nd Ave N
St. Cloud, MN 56303

NO activity

RECEIVED AT

NOV 14 2001

MINNESOTA BOARD
OF PHARMACY

Steve Anderson RPh

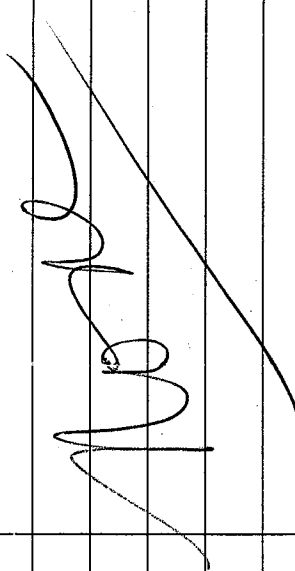
NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER: **Apria Healthcare Inc.**
 ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER: **131 Cheshire Lane Suite 300 Winnetka, MN 55305**
 MN BOARD OF PHARMACY LICENSE NUMBER: **459943-6**
 MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE 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
⌀			

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 NOV 14 2007
 MINNESOTA BOARD
 OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER	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 (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.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
B+B Vet Supply	40 - 4th Ave NE New Prager Mn 50071	359839-9					

RECEIVED AT
NOV 14 2007
MINNESOTA BOARD
OF PHARMACY



10-17-07
11-1

PO Box 536576 ORLANDO FL 32883

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Home Care Oxygen & Med Equip

810 E 4th St Duluth MN 55805

MINNESOTA STATUTES REQUIRE WHOLESALER 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
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VALUE OF PAYMENTS

TYPE OF PAYMENTS

NONE

RECEIVED AT
NOV 14 2001
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

AIRGAS NORTH CENTRAL

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

102 So 27th Ave W.

DeLuca, MN 55806

MN BOARD OF PHARMACY LICENSE NUMBER

459 886-4

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 (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>[Signature]</i>			
			RECEIVED AT NOV 14 2001 MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Witt's Pharmacy - Spring Grove

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

137 W. Main Spring Grove, MN 55474

MN BOARD OF PHARMACY LICENSE NUMBER

261712-9

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 \$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
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ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NONE

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NOV 14 2001

MINNESOTA BOARD
OF PHARMACY



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Goodrich Pharmacy

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

530 3rd St

Elk River MN 55330

MN BOARD OF PHARMACY LICENSE NUMBER

360221-4

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.

NAME OF PRACTITIONER Please include designation (i.e., MD, etc.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
_____	_____	0	_____
			RECEIVED AT
			NOV 14 2001
			MINNESOTA BOARD OF PHARMACY

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
Seacoast Pharmaceutical Inc	10913 Olive Street La Vista, NE 68128	N/A Nothing to Report			
361123-4					
					RECEIVED AT
					NOV 14 2001
					MINNESOTA BOARD OF PHARMACY

MINNEAPOLIS 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 (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 SIGNIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Cook Inc.

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

P.O. Box 489 Bloomington In 47402

MN BOARD OF PHARMACY LICENSE NUMBER

360814-0

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.)

No Reportable Activity

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED A1

NOV 14 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Twanhoe Family Pharmacy

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

312 East George Box 136

Iwanhoe, Mrs. Soika

MINNESOTA STATUTES REQUIRE WHOLESALER 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.

MN BOARD OF PHARMACY LICENSE NUMBER

360365-3

NAME OF PRACTITIONER

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

No payments

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

NOV 14 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

BOYNTON PHARMACY

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

410 CHURCH ST SE Mpls mn

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 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 payments, disbursements offered to practitioners

Hydrocodone

PHARMACIST IN CHARGE

11-11-01

RECEIVED AT
NOV 14 2001
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

CITY Drug
200438-7

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

314 3RD ST- P.O. BOX 111-INTL FALLS, MN 56649

MN BOARD OF PHARMACY LICENSE NUMBER

200438-7

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 (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 A1
			NOV 14 2001
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Madison Hospital Pharmacy

MN BOARD OF PHARMACY LICENSE NUMBER

360369-5

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

820 3rd Ave

Madison, Mn 56256

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 (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.)

None

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
NOV 14 2001
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Snyder Drug # 505A

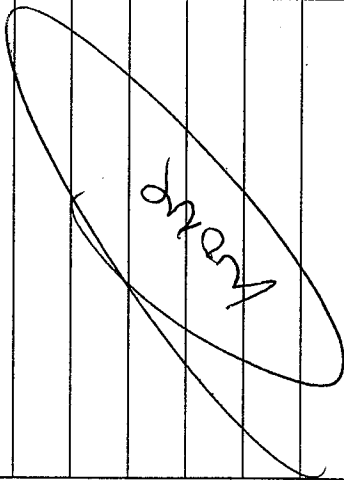
ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1658 W. 78th St, Eden Prairie, MN 55344

MN BOARD OF PHARMACY LICENSE NUMBER

261794-1

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
			
			RECEIVED AT
			NOV 13 2001
			MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Famix Retail Drug

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

237 Hassan St SE

Hutchinson, MN

MN BOARD OF PHARMACY LICENSE NUMBER

30087-6

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>No Activity</i>	<i>X</i>		
	<i>Brad Lundberg RN</i>		

RECEIVED AT
NOV 13 2007
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, INCLUDING REIMBURSEMENT OTHER COMPENSATION AUTHORIZED UNDER SECTION 144.91, 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
Country Health	219 W. Front Street.		<i>[Handwritten Signature]</i>			
DEN BOARD OF PHARMACY LICENSE NUMBER						
459957-5						

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Country Health
501 BOARD OF PHARMACY LICENSE NUMBER
459957-5

715 1/2 Pebble Creek Rd. Savage Falls
Savage Falls
Savage Falls

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

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, REPORT IS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

NAME OF PRACTITIONER

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

[Handwritten Signature]
Dr. [unclear]
Savage Falls

NAME OF WHOLESALER/DRUG DISTRIBUTOR/MANUFACTURER

OXYGEN SERVICE CO INC

ADDRESS OF WHOLESALER/DRUG DISTRIBUTOR/MANUFACTURER

1111 Piece Butler Route

ST Paul MN 55104

MN BOARD OF PHARMACY LICENSE NUMBER

301269-7

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 (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

For Year 2001

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
NOV 14 2001
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Queen of Peace Hospital Pharmacy

301 2nd St NE New Prague, Md 56071

MN BOARD OF PHARMACY LICENSE NUMBER

361070 - 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 \$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

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MINNESOTA BOARD OF PHARMACY

[Handwritten signature]

NONE TO BE REPORTED

NAME OF WHOLESALER/DRUG DISTRIBUTOR/MANUFACTURER

Mutual Pharmaceutical Company, Inc.

ADDRESS OF WHOLESALER/DRUG DISTRIBUTOR/MANUFACTURER

100 Chestnut Street
Philadelphia, PA 19124

MN BOARD OF PHARMACY LICENSE NUMBER

459715-3

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 \$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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MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Deer River Health Care Center Inc

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1002 Comstock Dr Deer River, MN 56636

MN BOARD OF PHARMACY LICENSE NUMBER

360401-8

NAME OF PRACTITIONER

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

~~_____~~

ADDRESS OF PRACTITIONER

~~_____~~

VALUE OF PAYMENTS

~~_____~~

TYPE OF PAYMENTS

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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.

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MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
NATIONAL PHARMAPAK SERVICES INC

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER
3540 EAST PIKE ZANESVILLE OH 43701

MN BOARD OF PHARMACY LICENSE NUMBER
DRUG MANUFACTURER 460051-6

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
	NO PRACTITIONER		
	REPROducible		

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MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

McKesson Drug Company

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

710-132 St SW, Everett, WA 98204

MIN BOARD OF PHARMACY LICENSE NUMBER

360975-4

MINNESOTA STATUTES REQUIRE WHOLESALER 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.)

NA

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

0

TYPE OF PAYMENTS

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MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

TheraDom, Inc

MN BOARD OF PHARMACY LICENSE NUMBER

261261-6

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

6931 Arlington Rd. Bethesda, MD 20814

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 Reportable Activity

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER, DRUG DISTRIBUTOR/MANUFACTURER

WHITNEY LABS, LP

MN BOARD OF PHARMACY LICENSE NUMBER

45998-9

ADDRESS OF WHOLESALER, DRUG DISTRIBUTOR/MANUFACTURER

1095 N US Hwy 1, Suite 102 Ormand Beach, FL 32174

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.)

JOSEPH BARRY RPH
WHITNEY LABS, LP

ADDRESS OF PRACTITIONER

1095 N US Hwy 1, Suite 102 Ormand Beach, FL 32174

VALUE OF PAYMENTS

NONE

TYPE OF PAYMENTS

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MINNESOTA BOARD OF PHARMACY

Joseph Barry RPH

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

McKesson Drug Co

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

9501 Norwalk Blvd Santa Fe Springs Ca 90670

MN BOARD OF PHARMACY LICENSE NUMBER

360935-6

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

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N/A

ADDRESS OF PRACTITIONER

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MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Vet Pharm, Inc.

PO Box 167, Sioux Center, IA 51250

MN BOARD OF PHARMACY LICENSE NUMBER

361007-3

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
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ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

None

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NOV 13 2001

MINNESOTA BOARD
OF PHARMACY