

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

FARVIEW LAKES REGIONAL HEALTHCARE PHARMACY

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

5200 Fairview Blvd Wompa, MN 55092

MN BOARD OF PHARMACY LICENSE NUMBER

360757-8

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

None

VALUE OF PAYMENTS

None

TYPE OF PAYMENTS

None

RECEIVED

NOV 13 2001

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Be Turn Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

100 West Lake St Wayzata Mn 55391

MN BOARD OF PHARMACY LICENSE NUMBER

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VALUE OF PAYMENTS

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TYPE OF PAYMENTS

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RECEIVED AT
NOV 13 2007
MINNESOTA BOARD
OF PHARMACY

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VALUE OF PAYMENTS

TYPE OF PAYMENTS

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06

06

06



ST. CLOUD BRANCH
940 Industrial Drive South, #104
Sauk Rapids, MN 56379

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NOV 13 2001
MINNESOTA BOARD
OF PHARMACY