

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

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 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

*Jeanne Steinberg*

*15897 Valley Ave Hutchinson MN*

*\$110*

*None*

RECEIVED AT

SEP 15 2003

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Scott D. Miller

MIN BOARD OF PHARMACY LICENSE NUMBER

115695-3

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

44375 Mosquito 7th Rd

Perham MN

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.)

None

ADDRESS OF PRACTITIONER

**Shoptko**  
STORES INC.

700 Pilgrim Way • P.O. Box 19060 • Green Bay, WI 54307-09

Address Service Requested

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT  
SEP 15 2003  
MINNESOTA BOARD  
OF PHARMACY



---

## MEMORANDUM

---

DATE: August 8, 2003

TO: Mr. Ronald D. Hewett  
1854 W. King  
Winona, MN 55987

FROM: Amanda L. Rockman  
Summer Legal Associate  
ShopKo Law Department  
700 Pilgrim Way  
Green Bay, WI 54307-9060  
(920) 429-7719

RE: Gifts to Practitioners

RECEIVED AT  
AUG 26 2003  
MINNESOTA BOARD  
OF PHARMACY

Dear Mr. Hewett,

As you may know, the state of Minnesota enacted new reporting requirements for any and all pharmacist practitioners receiving gifts from manufacturers and/or wholesalers, including brand or generic. There are some categories of items that are not illegal to accept, however, and you should be familiar with those (see attachments). Please note, this requirement is not an investigation by ShopKo or Pamida, but a requirement of Minnesota law.

Enclosed for your review, please find a copy of the pharmacist practitioner gift form and a copy of the most recent version of M.S.A. Section 151.461 which provides that "it is unlawful for any drug manufacturer or wholesale drug distributor, or any agent thereof, ... to give any gift of value to a practitioner."

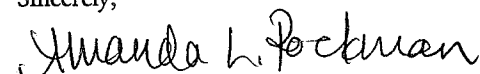
Minnesota statutes require wholesale distributors to file an annual report with the Board of Pharmacy identifying all payments and honoraria, and other compensation authorized under § 151.461, paid to practitioners in Minnesota during the preceding calendar year. Similarly as a practitioner, you are required under Minnesota law to fill out the enclosed form with your name, address, value of payments and types of payments authorized under section 151.461 (1)-(5), even if you had no reportable activity. In other words, even though it is legal for you to accept certain categories of items as outlined in the attachment, you still must report any such items on the enclosed form and file it with the Minnesota Board of Pharmacy as soon as possible by mailing it to:

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

An addressed and stamped envelope is included for your convenience. Also, please send a copy of the completed form to Mr. Mike Bettiga, Senior Vice President of Health Services, in the self-addressed, stamped envelope provided.

Please feel free to call me or Steve Andrews (920/429-7922) with any questions that you may have. Thank you for your time and consideration.

Sincerely,

  
Amanda L. Rockman

Enclos. as stated.

cc: Mr. Mike Bettiga  
Mr. Greg Ahmann  
Mr. Jim Donatelle



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Steven P. Buth

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

21154 Sunset View Rd, Robert mn 56578

MN BOARD OF PHARMACY LICENSE NUMBER

113751-6

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 TALLING \$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

*[Handwritten signature]*

RECEIVED AT  
OCT 20 2003  
MINNESOTA BOARD  
OF PHARMACY

**Shopko**  
STORES INC.

700 Pilgrim Way • P.O. Box 19060 • Green Bay, WI 54307-9060

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

AMERICAN BUYERS, INC.

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

524 MAPLE ST. N 08114 LITTLE ROCK AR 72114

MINNESOTA STATUTES REQUIRE WHOLESAL 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  
361234.3

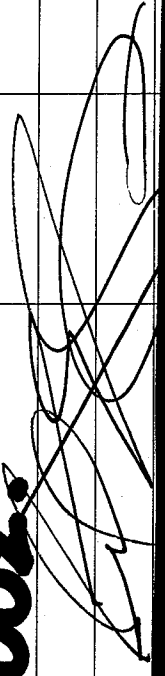
NAME OF PRACTITIONER  
Please include designation (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

**NO PAYMENTS, ETC. MADE  
TO PRACTITIONERS IN MINNESOTA  
YEAR 2002.**



**SIDNEY E. RICHMOND, JR.  
PRESIDENT**

RECEIVED AT  
DEC 12 2002  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER  
Northwest Respiratory Services  
MN BOARD OF PHARMACY LICENSE NUMBER  
460033 - 8

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER  
136 8th St Albany MN 56307

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 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









NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Northwest Respiratory Services

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

4440 Venture Ave Duluth MN 55811

MINNESOTA BOARD OF PHARMACY LICENSE NUMBER

460037-0

MINNESOTA STATUTES REQUIRE WHOLESALER 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 (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

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Northwest Respiratory Services

1154 47th Ave W, Wadena, MN 56101

MN BOARD OF PHARMACY LICENSE NUMBER

460034-1

MINNESOTA STATUTES REQUIRE WHOLESAL 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 TO FALLING \$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





NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

11114-9

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 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.)

Diane Rogge, RPh

ADDRESS OF PRACTITIONER

102-10<sup>th</sup> Ave North, Cold Spring MN 56320

VALUE OF PAYMENTS

0

TYPE OF PAYMENTS

perk



700 Pilgrim Way • P.O. Box 19060 • Green Bay, WI 54307-9060

Address Service Requested





NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Ramida Pharmacy

P.O. Box 191, Park Rapids, MN 56470

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.

262202-0

NAME OF PRACTITIONER

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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

THOMAS L. KERWIN RPh.

P.O. Box 731, Park Rapids, MN 56470

0

N/A

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Kristin C Ferris

Stopko Pharmacy # 60

MIN BOARD OF PHARMACY LICENSE NUMBER

117515-4

2610 N. Bridge Ave Albert Lea mn 56007

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 designator (i.e., MD, etc.)

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NONE

RECEIVED AT  
AUG 19 2003  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Ork Health  
114903

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

800 N Third St, Minneapolis, MN 55401

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.)

Michael Joldersma

ADDRESS OF PRACTITIONER

25070 628th Ave Litchfield MN 55355

VALUE OF PAYMENTS

0

TYPE OF PAYMENTS

None

RECEIVED AT

AUG 18 2003

MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

111617-1

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

I have not received any gifts from a manufacturer or wholesaler or a representative thereof.

Grant Spent,  
1713 Pine St S  
Wabasha, MN 55981  
license # 111617-1

VALUE OF PAYMENTS

TYPE OF PAYMENTS

**Shopko®**  
STORES INC.

700 Pilgrim Way • P.O. Box 19060 • Green Bay, WI 54307-9060

Address Service Requested



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

DtK HealthCare Resource Inc

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

800 No 3rd St Apple mn

MN BOARD OF PHARMACY LICENSE NUMBER

113724-4

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.)

Tim Johnson RPh

ADDRESS OF PRACTITIONER

4587 White Pine Rd Garrison, mn

VALUE OF PAYMENTS

None

TYPE OF PAYMENTS

Pins + Note Bds + Plastic coffee cup

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Shopko Pharmacy

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

1209-18th Ave NW, Austin, MN 55812

MN BOARD OF PHARMACY LICENSE NUMBER

Pharmacy = 261030-4  
Pharmacist = 114485-5

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.)

Cheryl Mentz, RPh

ADDRESS OF PRACTITIONER

2004-16th Ave SW, Austin MN 55912

VALUE OF PAYMENTS

0

TYPE OF PAYMENTS

None

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

117085-8

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.)

Heather Hockett  
Rph.

ADDRESS OF PRACTITIONER

2850 Tomah Place NW

VALUE OF PAYMENTS

0

TYPE OF PAYMENTS

0

**Shopko**  
STORES INC.®

700 Pilgrim Way • P.O. Box 19060 • Green Bay, WI 54307-9060

Address Service Requested





NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

N/A

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

N/A

MN BOARD OF PHARMACY LICENSE NUMBER

115824-9

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 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.)

Susan Bender

ADDRESS OF PRACTITIONER

3228 49th St NW Rochester MN 55901

VALUE OF PAYMENTS

0.00

TYPE OF PAYMENTS

None



700 Pilgrim Way • P.O. Box 19060 • Green Bay, WI 54307-9060

Address Service Requested