

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Red Pharm Drug  
MN BOARD OF PHARMACY LICENSE NUMBER  
361213-6

5620 Smeberg Drive #30, Minnetonka MN 55343

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 (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.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
N/A	N/A	N/A	N/A

RECEIVED AT  
NOV 17 2004  
MINNESOTA BOARD  
OF PHARMACY



DOHMEN  
DISTRIBUTION PARTNERS  
S O U T H E A S T, L L C.  
C E N T R A L D I V I S I O N

10 KINGBROOK PARKWAY  
SIMPSONVILLE, KENTUCKY 40067  
PH. (502) 722-3000 • FAX (502) 722-3075

November 19, 2004

RECEIVED AT  
NOV 29 2004  
MINNESOTA BOARD  
OF PHARMACY

David Holmstrom  
Executive Director  
Minnesota Board of Pharmacy  
2829 University Avenue Southeast, Suite 530  
Minneapolis, MN. 55414-3251

Mr. Holstrom:

In regards to shipping to licensed practitioners in to the state of Minnesota, we do not ship to any other business other than one of our company division located in Anoka MN.

If you have any questions in regard to this matter, please contact me at (502) 722-3035.

Sincerely,

Bonnie Gary  
DEA Inventory Manager

Cc: File







NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

HealthEast-Woodwinds "The Lodge"

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

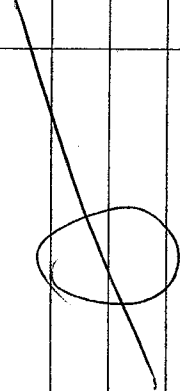
1925 Woodwinds Dr Woodbury MN 55128

MN BOARD OF PHARMACY LICENSE NUMBER

262405-7

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 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

RECEIVED AT  
NOV 30 2004  
MINNESOTA BOARD  
OF PHARMACY



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

*Bidgview Home Med Co.*

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

*141 W. 1<sup>st</sup> St. Wacopia MN 55387*

MIN BOARD OF PHARMACY LICENSE NUMBER

*360962-8*

MINNESOTA STATUTES REQUIRE WHOLESALER DISTRIBUTORS TO FILE WITH THE BOARD OF PHARMACY AN ANNUAL REPORT IDENTIFYING ALL PAYMENTS, HONORARIA, KICKBACKS, 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

TYPE OF PAYMENTS

RECEIVED AT  
NOV 30 2004  
MINNESOTA BOARD  
OF PHARMACY



NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

*Hea 14 Partners Riverside Pharmacy*

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

*2720 Riverside Ave S. Minneapolis, MN 55454*

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  
*361264-4*

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

*None*

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

*RECEIVED AT*

*NOV 30 2004*

*MINNESOTA BOARD OF PHARMACY*

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Suyana Regional Medical Center

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

320 E Main Street

Crosby MN 56441

MN BOARD OF PHARMACY LICENSE NUMBER

360495-3

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

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

ADDRESS OF PRACTITIONER

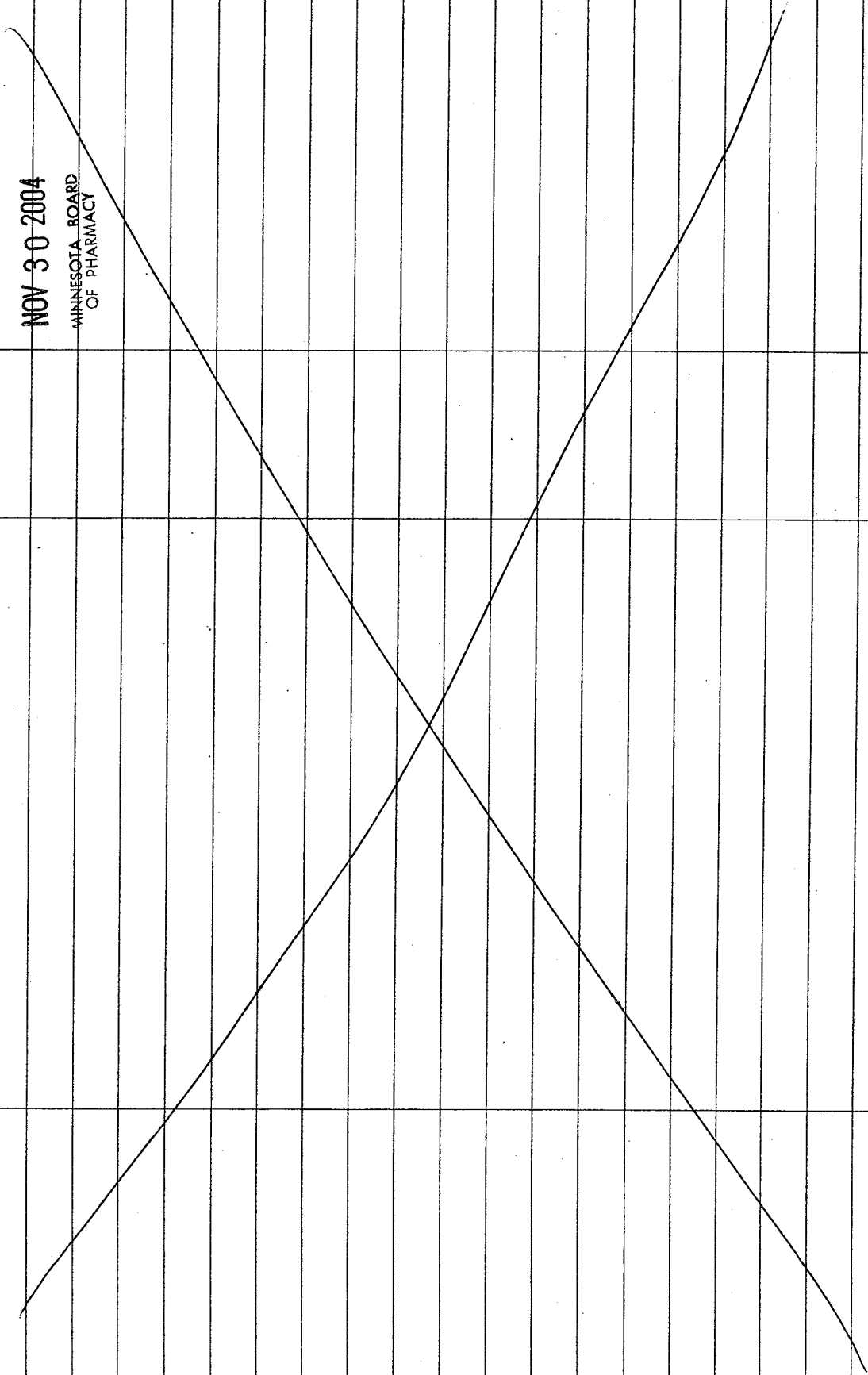
VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

NOV 30 2004

MINNESOTA BOARD OF PHARMACY





NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

PARK NICOWET PHARMACY

1400 FARVIEW DR

BURNSVILLE 55337

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.

MN BOARD OF PHARMACY LICENSE NUMBER

360187-5

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NO reportable activity

RECEIVED AT  
DEC 09 2005  
MINNESOTA BOARD OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

BRINTON LABORATORIES, INC.

MN BOARD OF PHARMACY LICENSE NUMBER

459733-1

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

208 LAKELAND DR SE

WILLMAR, MN 56201-0246  
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.)

No reportable activity

ADDRESS OF PRACTITIONER

- 2004

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT  
APR 06 2005  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER: *Midwest Veterinary Supply, Inc.*  
 ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER: *3440 ~~6th Street~~ 11965 Larc Industrial Blvd Burnsville MN*  
 MN BOARD OF PHARMACY LICENSE NUMBER: *300227-0*  
 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
<p>RECEIVED AT</p> <p>APR 11 2005</p> <p>MINNESOTA BOARD</p>			
<p><i>now</i></p> <p><i>by R. K. Koster</i></p> <p><i>Carole H. Hols</i></p>			

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

FAIRVIEW RED WING MED CTR PHACY

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

701 FAIRVIEW BLVD. P.O. BOX 95 RED WING, MN 55066-0095

MN BOARD OF PHARMACY LICENSE NUMBER

360753-6

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 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

*[Large handwritten signature]*

*PAYMENTS*

*RECEIVED*

*IN 2004*

RECEIVED AT

FEB 11 2005

MINNESOTA BOARD OF PHARMACY

*[Handwritten signature]*

*112970-7 P.I.C.*

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

FairView Compounding Pharmacy

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

711 Kasota Ave Mpls MN 55414

MN BOARD OF PHARMACY LICENSE NUMBER

460158-6 (current)

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

VALUE OF PAYMENTS

TYPE OF PAYMENTS

Note: For the 2004 reporting period license # was 460138-2.

RECEIVED AT

FEB 17 2005

MINNESOTA BOARD OF PHARMACY



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER: Waseca Medical Center - Mayo Health System ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER: 501 N State St Waseca MN 56093

MN BOARD OF PHARMACY LICENSE NUMBER: 300047-6

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 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 reportable events	G. Lyndell		

RECEIVED AT  
FEB 18 2005  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ANODYNE, INC -  
MN BOARD OF PHARMACY LICENSE NUMBER  
360730-3

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

6024 BUE CIRCLE DR. MINNETONKA, MN 55343

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

TYPE OF PAYMENTS

*William J. Mansoff, CEO 11/15/04*

RECEIVED AT  
NOV 17 2004  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Aveda Corporation

MN BOARD OF PHARMACY LICENSE NUMBER

459982-1

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

4000 Pheasant Ridge Dr., Blaine, MN 55449

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.)

Not Applicable

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT  
NOV 17 2004  
MINNESOTA BOARD  
OF PHARMACY



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Pacesetter Medical Inc

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

770 Transfer Rd #16, St. Paul MN 55114

MN BOARD OF PHARMACY LICENSE NUMBER

360855-1

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.)	ADDRESS OF PRACTITIONER	VALUE OF PAYMENTS	TYPE OF PAYMENTS
<del>NON E</del>			

RECEIVED AT  
 NOV 17 2004  
 MINNESOTA BOARD  
 OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

WMMC Medical Equip ment For the Home

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

1104 East College Drive, Marshall, MN 56268

MN BOARD OF PHARMACY LICENSE NUMBER

360798-9

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 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 17 2004  
MINNESOTA BOARD  
OF PHARMACY







NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Cook Hospital Pharmacy

10 SE 5th St Cook, MN 55723

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 TOTALING \$1000 OR MORE, TO A PARTICULAR PRACTITIONER DURING THE YEAR, AND SHALL IDENTIFY THE PRACTITIONER, REPORTS FILED UNDER THIS PROVISION ARE PUBLIC DATA.

260751-1

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

*Handwritten notes:*  
One fifth with honoraria  
payments in 2004.  
Reimbursements  
11-16-04

RECEIVED AT  
NOV 17 2004  
MINNESOTA BOARD  
OF PHARMACY

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 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

*We do not provide honoraria or reimbursement to any licensed practitioners. We do not sponsor any events or require consultants that would require payments to persons.*

*[Signature]*

*Rh Wu #12368-5*

*Wholesale Inc. #360447-4*

RECEIVED AT  
NOV 17 2004  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Winona Clinic Pharmacy

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

400 East Sarnia St.

Winona, MN 55987

MN BOARD OF PHARMACY LICENSE NUMBER

360147-7

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

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT  
NOV 17 2004  
MINNESOTA BOARD  
OF PHARMACY

11-15-04

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
Northwest Respiratory Services MN BOARD OF PHARMACY LICENSE NUMBER 460038-3	716 Prior Avenue N. St. Paul, MN 55104	Continued:			
Albany 460033-8					
Bennidji 460035-4					
Duluth 460037-0					
Lochester 460036-7					
Winona 460034-1					
Baxter 460131-1					
None				None	None

RECEIVED AT  
 NOV 17 2004  
 MINNESOTA BOARD  
 OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Ritchie Med Plaza Pharmacy

310 N Smith Ave Suite 150 St Paul MN 55102

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.

360311-6

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

None

—

None

None

RECEIVED AT  
NOV 17 2004  
MINNESOTA BOARD  
OF PHARMACY

NEW SHIPPING/BILLING ADDRESS:

MID AMERICA MFG. & DIST., INC.  
18 W. HWY ST.

P.O. BOX 662  
DODGE CENTER, MINN 55925

11-15-04

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER  
5073742542

NAME OF PHARMACY LICENSE NUMBER  
360022-1

MINN BOARD OF PHARMACY LICENSE NUMBER

360022-1

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

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.

N/A

Does not Apply to us

RECEIVED AT  
NOV 17 2004  
MINNESOTA BOARD  
OF PHARMACY



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

PARK-NICOLLET PHARMACY WAYZATA

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

250 N. Central Ave, WAYZATA, MN 55391

MN BOARD OF PHARMACY LICENSE NUMBER

360471-7

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 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

Handwritten notes in the table cells, including "X" and "CP" in the first row, and "N/A" and "CP" in the second row. The rest of the rows are empty.

RECEIVED AT  
NOV 17 2004  
MINNESOTA BOARD  
OF PHARMACY



NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Park Nicollet Health Services

MN BOARD OF PHARMACY LICENSE NUMBER

3012383

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

3800 Park Nicollet Blvd. St Louis Park, MN. 55416

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.)

No Activity - PBA

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT  
NOV 17 2004  
MINNESOTA BOARD  
OF PHARMACY



NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

B & B Vet Supply

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

307 South 1st St Montgomery MN 56069

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 (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.)

*John*

ADDRESS OF PRACTITIONER

*307 South 1st St*

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT  
NOV 17 2004  
MINNESOTA BOARD  
OF PHARMACY





NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Synovis Surgical Innovations

2575 University Ave. W. Suite 150.

MN BOARD OF PHARMACY LICENSE NUMBER

360909-7

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No Activity to report

RECEIVED AT  
NOV 17 2004  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

*No activity to report - West 28th Ave, Pharm D*

RECEIVED AT  
NOV 17 2004  
MINNESOTA BOARD  
OF PHARMACY

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

MN BOARD OF PHARMACY LICENSE NUMBER

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.

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

*Handwritten:* 0.00  
*Handwritten:* ZERO

TRUMAN DRUG  
TRUMAN MN 56088  
NABP #2208866  
507-776-4961  
trumandr@tconnect.com

TRUMAN DRUG

121 CISO ST. TRUMAN MN 56088  
RONARD LAURING RPH CL. 00000003  
MINN LIC # 10628 (507) 776-4961

RECEIVED AT  
NOV 16 2004  
MINNESOTA BOARD  
OF PHARMACY





NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

PALS

3735 CARD 5 SW PO Box 753

WILLMAR, MN 56201

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 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 16 2004  
MINNESOTA BOARD  
OF PHARMACY