

NAME OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESAL DRUG DISTRIBUTOR/MANUFACTURER

Robin Drug Corp

4098 Lakeland N

Robbins Lake Mn 55822

MN BOARD OF PHARMACY LICENSE NUMBER

360 336-5

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.)

None

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT
NOV 16 2004
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

Snyder's 5008

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

101 N Main

Park Rapids Mn 56470

MN BOARD OF PHARMACY LICENSE NUMBER

361019-6

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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ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

No payments of this nature made 2004

John Behm RPh

RECEIVED AT
NOV 16 2004
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

CALEWOOD HEALTH SYSTEM

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

401 PENNING AVE NE

MN BOARD OF PHARMACY LICENSE NUMBER

300431-9

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.

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None

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VALUE OF PAYMENTS

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MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Melroe Pharmacy / NC

MN BOARD OF PHARMACY LICENSE NUMBER

360321-3

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

611 W Main St

Audrae MN 56352

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.

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ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

None given out

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MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

RJM Dental Supply Inc

452 Northco St # 180 Minneapolis Mn 55432

MN BOARD OF PHARMACY LICENSE NUMBER

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300164-0

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

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

NONE

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NOV 16 2004
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Chaska Snyder Drug

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

802 Yellowbrick Road Chaska, MN 55318

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.)

Nancy E. Singer RPh

ADDRESS OF PRACTITIONER

802 Yellowbrick Road

VALUE OF PAYMENTS

-0-

TYPE OF PAYMENTS

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MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Fairview Ridgewood Pharmacy
303 E. Nicolet Blvd. Burnsville MN 55337

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MN BOARD OF PHARMACY LICENSE NUMBER
261073-1

Pharmacy
360442-9

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

NA

ADDRESS OF PRACTITIONER

NA

VALUE OF PAYMENTS

NA

TYPE OF PAYMENTS

NA

RECEIVED AT
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MINN. BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

TEK Products, Inc.
36854-3

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

2435 W. Industrial Blvd.

Long Lake, MN 55378

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None

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VALUE OF PAYMENTS

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PHARMACY BOARD

NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

FAIRMONT FIRE SAFETY

MN BOARD OF PHARMACY LICENSE NUMBER

360432-2

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

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

NONE

ADDRESS OF PRACTITIONER

NONE

VALUE OF PAYMENTS

NONE

TYPE OF PAYMENTS

NONE

FAIRMONT FIRE SAFETY
Don Weerts
P.O. Box 722
Fairmont, MN 56031-0722

11-15-04

Donald Weerts

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NOV 16 2004
MINNESOTA BOARD
OF PHARMACY

NAME OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

To 11 Company

MN BOARD OF PHARMACY LICENSE NUMBER

359897-5

ADDRESS OF WHOLESALE DRUG DISTRIBUTOR/MANUFACTURER

3005 Niagara Lane Pharmacy MN 55477

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

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[Signature]

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NAME OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

Lincare Inc
361325-8

ADDRESS OF WHOLESALER DRUG DISTRIBUTOR/MANUFACTURER

219- West Front Street Detroit (Aves Mw- 56501)

MN BOARD OF PHARMACY LICENSE NUMBER

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NAME OF PRACTITIONER
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N/A

ADDRESS OF PRACTITIONER

VALUE OF PAYMENTS

TYPE OF PAYMENTS

RECEIVED AT

NOV 15 2004

MINNESOTA BOARD
OF PHARMACY

