

UNITED STATES BANKRUPTCY COURT		DISTRICT OF <u>Delaware</u>	PROOF OF CLAIM
Name of Debtor <u>Women First HealthCare Inc.</u>		Case Number <u>04-11278</u>	
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>Fish + Richardson PC</u>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent <u>Attn Robert Ryan 225 Franklin St Boston MA 02110</u>			
Telephone number <u>617 956 6980</u>		THIS SPACE IS FOR COURT USE ONLY	
Account or other number by which creditor identifies debtor <u>CN 17074</u>		Check here <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends	
1 Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____			
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
2 Date debt was incurred <u>see attached</u>		3 If court judgment, date obtained	
4 Total Amount of Claim at Time Case Filed \$ <u>20,725.77</u> (unsecured) (secured) (priority) <u>\$ 20,725.77</u> (Total)			
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5 Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		7 Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
6 Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim; or b) your claim exceeds the value of the property securing it; or c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY	
8 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
9 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
10 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.		FILED MAY 19 2004 BMC	
Date <u>5 13 04</u>	Sign and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any). <u>Robert Ryan Credit Analyst</u>		



FISH & RICHARDSON P C
 225 FRANKLIN STREET
 BOSTON MASSACHUSETTS 02110 2804
 TELEPHONE (617) 542 5070
 TAXPAYER I D NO 04 3254521

CN17074
 93A

Women First Healthcare, Inc
 5355 Mira Sorrento Place
 Suite 700
 San Diego, CA 92121

STATEMENT OF ACCOUNT
 As of 05/13/04

Attention Mr Richard Vincent

Balance due, 04/30/04		10,051 75
Payments received since 04/30/04 excluding advances of 0 00		(0 00)
Adjustments		0 00
Bills issued since 04/30/04		10,674 02

Balance due, 05/13/04		20,725 77
Unapplied advance, 05/13/04	0 00	=====

LIST OF OUTSTANDING BILLS

Date of Bill	Bill No	Amount Billed	Partial Payments/ Adjustments	Balance Due
02/11/04	265269	\$1,810 00	0 00	\$1,810 00
03/11/04	268405	3,388 21	0 00	3,388 21
04/26/04	273392	4,853 54	0 00	4,853 54
05/13/04	274813	10,674 02	0 00	10,674 02
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		\$20,725 77	\$0 00	\$20,725 77
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