

United States Bankruptcy Court

PROOF OF CLAIM

District of Delaware

In Re
Women First Health Care, Inc

Case Number
04-11278

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 debtor owes money or property)
Laboratoires Fournier

Check box if you are aware that any one else has filed a proof of claim relating to your claim Attach copy of statement giving particulars

Name and Address Where Notices Should be Sent
Laboratoires Fournier
c/o Milton J Moser Associates, Inc
P O Box 735
Bensalem, PA 19020
Telephone No 215-638-9830

Check box if you have never received any notices from the bankruptcy court in this case

Check box if the address differs from the address on the envelope sent to you by the court

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ACCOUNT NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here if this claim replaces a previously filed claim dated or amends

1 BASIS FOR CLAIM

- Goods sold
Services performed
Money loaned
Personal injury/wrongful death
Other (describe briefly)

- Taxes
Retiree benefits as defined in 11 U S C § 1114(a)
Wages salaries and compensations (Fill out below)
Your social security number
Unpaid compensation for services performed from to

2 DATE DEBT WAS INCURRED 1/20/04 - 3/12/04

3 IF COURT JUDGMENT DATE OBTAINED

4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured nonpriority (2) Unsecured Priority (3) Secured It is possible for part of a claim to be in one category and part in another CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED

SECURED CLAIM \$ Attach evidence of perfection of security interest Brief Description of Collateral Real Estate Motor Vehicle Other (Desc)

- Wages salaries or commissions (up to \$4000) * earned not more than 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)
Contributions to an employee benefit plan 11 U S C § 507(a)(4)
Up to \$1 800 of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)
Taxes or penalties of governmental units 11 U S C § 507(a)(8)
Other Specify applicable paragraph of 11 U S C § 507(a) *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

Amount of arrearage and other charges at time case filed included in secured claim above If any \$

UNSECURED NONPRIORITY CLAIM \$ 244,026.28 A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim

UNSECURED PRIORITY CLAIM \$ Specify the priority of the claim

5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ 244,026.28 (Unsecured) (Secured) (Priority) (Total) \$ 244,026.28 Check this box if claim includes charges in addition to the principal amount of the claim Attach itemized statement of all additional charges

6 CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim In filing this claim claimant has deducted all amounts that claimant owes to debtor

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7 SUPPORTING DOCUMENTS Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments or evidence of security interests If the documents are not available explain If the documents are voluminous attach a summary STATEMENT

FILED

8 TIME STAMPED COPY To receive an acknowledgement of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim

MAY 25 2004

Date 5/20/04 Sign and print name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) Milton J Moser, President

BMC

Women First Healthcare Inc



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Details							Index
Operation date	Operation type	Invoice number	Due date	Amount		Balance	Currency
				Debit	Credit		
2004/01/20	Invoice (ΓΛ)	290014484	2004/02/29	3578 99		3578 99	USD
2004/01/20	Invoice (ΓΛ)	290014483	2004/02/29	7929 83		11508 82	USD
2004/01/22	Invoice (ΓΛ)	290014508	2004/02/29	117642 88		149151 7	USD
2004/01/22	Invoice (ΓΛ)	290014507	2004/02/29	5348 78		154500 48	USD
2004/01/26	Invoice (ΓΛ)	290014533	2004/02/29	61923 4		218423 88	USD

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2004/03/01	Invoice (FA)	290014827	2004/04/30	10169 4		228593 28	USD
2004/03/12	Invoice (ΓΛ)	290014913	2004/04/30	15433		244026 28	USD
	Total balance			244026 28			USD