

Name of Debtor: WOMEN FIRST HEALTHCARE, INC Bankruptcy Case Number: 04-11278

REC'D MAY 27 2004

**A CREDITOR INFORMATION**

(The creditor is the person or other entity to whom the debtor owes money or property)

Name and Address of Creditor: SDS Printing, Inc, 8135 Ronson Road, San Diego, CA 92111-2002

Check box if you ever received any notice from the bankruptcy court in this case  
 Check box if this address differs from the address on the envelope sent to you by the court  
 Check box and attach copy of assignment if claim has been assigned to you

Number by which creditor identifies debtor

Check here if this claim  replaces  amends previously-filed claim dated \_\_\_\_\_  supplements

**B CLAIM INFORMATION**

1 BASIS FOR CLAIM

Goods purchased  
 Services performed  
 Money loaned  
 Other forms of contract (Identify)  
 Personal injury/Wrongful death/Property damage  
 Other (Describe briefly) Superior Court Case # \_\_\_\_\_ Assigned Claim of \_\_\_\_\_

Wages salaries and compensation (fill out below)  
 Your Social Security number \_\_\_\_\_  
 Unpaid services performed from \_\_\_\_\_ to \_\_\_\_\_  
 Nature of services (Describe briefly) \_\_\_\_\_

2 DATE DEBT WAS INCURRED 12-8-2003

3 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured nonpriority (2) Priority (3) Secured It is possible for a claim to be partly in one category and partly in another - such as wage claim which may be a priority claim for the first \$2,000 and an unsecured nonpriority claim for the balance Classify the nature of the claim by CHECKING THE APPROPRIATE BOX OR BOXES which you believe best describes the claim STATE THE AMOUNT OF THE CLAIM

UNSECURED NONPRIORITY CLAIM \$ 10,784.51  
 For the purposes of this form, a claim is unsecured if there is no collateral, or to the extent the value of collateral is less than the amount of the debt

SECURED CLAIM \$ \_\_\_\_\_  
 Attach evidence of perfection of security  
 Brief Description of Collateral:  
 Real Estate  Motor Vehicle  Other

PRIORITY CLAIM \$ \_\_\_\_\_  
 Specify the priority of the claim by checking the appropriate box(es)

Wages salaries or commissions (up to \$2000 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)  
 Contributions to an employee benefit plan - 11 U S C § 507(a)(4)  
 Up to \$900 of deposits toward purchase lease or rental of property or services for personal family or household use - 11 U S C § 507(a)(6)  
 Taxes or penalties owed to governmental units - 11 U S C § 507(a)(7)  
 Other specify \_\_\_\_\_

4 TOTAL AMOUNT OF CLAIM \$ 10,784.51 (Unsecured) + \$ \_\_\_\_\_ (Secured) + \$ \_\_\_\_\_ (Priority) = \$ 10,784.51 (Total)

5 Attach copies of documents in support of this claim such as purchase orders invoices itemized statements of running accounts contracts court judgments or evidence of security interest If the documents are not available explain If the documents are voluminous attach a summary

6 This form should not be used to make a claim for expenses incurred after the filing of the bankruptcy petition Such expenses may be paid only upon proper application and notice pursuant to 11 U S C §503

7 CREDITS AND SETOFFS Attach an itemization of all amounts and dates of payments which have been credited against the debt Set forth any setoff or counterclaim which the debtor may have against your claim

8 To receive an acknowledgment of the receipt of your claim enclose a stamped self-addressed envelope and a copy of your claim

THIS SPACE IS FOR COURT USE ONLY

**C CERTIFICATION**

The undersigned certified under penalty of perjury that the debtor named above is indebted to the claimant in the amount shown that there is no security for the debt other than that stated above or in an attachment to this form that no unmaturred interest is included, and that the undersigned is authorized to make this claim

Date: 5-20-04 Sign and Print the Name and Title if any of the Creditor or Other Person Authorized to file this Claim (attach copy of power of attorney if any): Ronald Johnson, Financial Manager

Penalty for Presenting Fraudulent Claim Fine up to \$500,000 or imprisonment for up to 5 years or both Title





8135 RONSON ROAD SAN DIEGO CA 92111 0000

PH 619 292 1800 FX 619 2 9 069 WWW.SOSPRINT.COM

# Invoice

Invoice Number 032026  
 Invoice Date Dec 8, 2003  
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**Sold To**

Women First Healthcare  
 5355 Sorrento Mesa  
 #700  
 San Diego, CA 92121

**Ship to**

Customer ID  
 Women

Customer PO  
 03-057

Payment Terms  
 Net 30 Days

Sales Rep ID  
 HILARY

Shipping Method  
 SOS Truck

Ship Date  
 12/5/03

Due Date  
 1/7/04

Description	Unit Price	Extension
2500 Esclim Booklet	1,718 40	1,718 40
This Invoice amount includes taxable special printing aids valued at	71 60	71 60
Alterations	153 00	153 00

Subtotal	1,943 00
Sales Tax	5 55
Freight	46 76
<b>Total Invoice Amount</b>	<b>1,995 31</b>
Payment Received	0 00
<b>TOTAL</b>	<b>1,995 31</b>

Note 1 1/2% (18% per annum) will be charged on all accounts past due



8135 RONSON ROAD SAN DIEGO CA 92111 2002  
 TEL 858 292 1800 FAX 858 279 068 WWW.SOSPRINT.COM

**Invoice**

**Sold To**  
 Women First Healthcare  
 5355 Sorrento Mesa  
 #700  
 San Diego, CA 92121

**Ship to**

Invoice Number  
 040048  
 Invoice Date  
 Jan 21, 2004  
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Customer ID	Customer PO	Payment Terms	
Women	04-003	Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
HILARY	SOS Truck	1/20/04	2/20/04
Description		Unit Price	Extension
6875 Vaniga Brochure to mail house (non-taxable)		5,433 72	5,433 72
3000 Vaniga Brochure to Landover, Maryland		2,371 08	2,371 08
125 Vaniga Brochure to Women First (taxable)		101 62	101 62
This Invoice amount includes taxable special printing aids valued at		223 58	223 58

Subtotal	8,130 00
Sales Tax	25 20
Freight	634 00
<b>Total Invoice Amount</b>	<b>8,789 20</b>
Payment Received	0 00
<b>TOTAL</b>	<b>8,789 20</b>

Note 1 1/2% (18% per annum) will be charged on all accounts past due