

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE **PROOF OF CLAIM**

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

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): GRAY CARY WARE & FREIDENRICH LLP

Name and address where notices should be sent: Jeffry A Davis, Gray Cary Ware & Freidenrich LLP, 4365 Executive Drive Suite 1100, San Diego CA 92121-213, Telephone number

- 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.
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.

REC'D MAY 27 2004

THIS SPACE IS FOR COURT USE

Account or other number by which creditor identifies debtor: 2300020. Check here if this claim replaces or amends a previously filed claim dated

1 Basis for Claim: Services performed, Retiree benefits as defined in 11 U.S.C. § 1114(a), 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 3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed \$27,356.17 (unsecured) (secured) (priority) (Total) 27,356.17. If all or part of your claim is secured or entitled to priority also complete Item 5 or 7 below. Check this box if claim includes interest or other charges in addition to the principal amount of the claim.

5 Secured Claim: Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: Real Estate, Motor Vehicle, Other. Value of Collateral \$, Amount of arrearage and other charges at time case filed included in secured claim if any \$.

7 Unsecured Priority Claim: Check this box if you have an unsecured priority claim. Amount entitled to priority \$, Specify the priority of the claim: 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, Contributions to an employee benefit plan, Up to \$2,225* of deposits toward purchase lease or rental of property or services for personal family or household use, Alimony maintenance or support owed to a spouse former spouse or child, Taxes or penalties owed to governmental units, 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 adjustment.

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.



Date: 5/17/04 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): Jeffry A Davis Attorney for Claimant

In re Women First HealthCare, Inc
Case No 04-11278-MFW

PROOF OF SERVICE

I am a resident of the State of California, over the age of eighteen years, and not a party to the within action My business address is Gray Cary Ware & Freidenrich, 4365 Executive Drive, Suite 1100, San Diego, California 92121-2133 On May 19, 2004, I served the within documents

PROOF OF CLAIM

- by transmitting via facsimile the document(s) listed above to the fax number(s) set forth below on this date before 5 00 p m
- by placing the document(s) listed above in a sealed envelope with postage thereon fully prepaid, in the United States mail at San Diego, California addressed as set forth below
- by personally delivering the document(s) listed above to the person(s) at the address(es) set forth below

Michael R Nestor
Sean Matthew Beach
Young Conaway Stargatt & Taylor
The Brandywine Building
1000 West Street, 17th Floor
P O Box 391
Wilmington, DE 19899

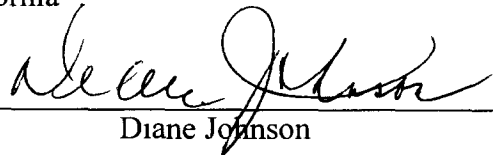
United States Trustee
844 King Street, Room 2207
Lockbox #35
Wilmington, DE 19899-0035

I am readily familiar with the firm's practice of collection and processing correspondence for mailing Under that practice it would be deposited with the U S Postal Service on that same day with postage thereon fully prepaid in the ordinary course of business I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit

I declare that I am employed in the office of a member of the Bar of or permitted to practice before this Court at whose direction the service was made

I declare under penalty of perjury under the laws of the State of California that the above is true and correct

Executed on May 19, 2004, at San Diego, California



Diane Johnson

GRAYCARY

4365 Executive Drive, Suite 1100
San Diego, CA 92121 2133
www.graycary.com
O] 858-638 6811
F] 858-677 1401

May 19, 2004

Clerk
U S Bankruptcy Court
District of Delaware
824 Market Street, 5th Floor
Wilmington, DE 19801

Re *In re Women First HealthCare, Inc* , Case No 004-11278-MFW

Dear Clerk

Enclosed is a Proof of Claim in the above matter Please file and return a conformed copy in the envelope provided Thank you for your attention to this matter

Sincerely,

Gray Cary Ware & Freidenrich LLP



Diane Johnson
Assistant to Jeffrey A Davis
djohnson@graycary.com

Enclosures

Gray Cary\SD\1600483 1
9999998-91028