

**United States Bankruptcy Court**  
District of **Delaware**

**PROOF OF CLAIM**

In re (Name of Debtor)  
**Women First HealthCare 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.

**REC'D JUN 10 2004**

Name of Creditor  
(The person or other entity to whom the debtor owes money or property)  
**FEDERAL EXPRESS CORPORATION**

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.  
 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.

THIS SPACE IS FOR COURT USE ONLY

Name and Address Where Notices Should be Sent  
**FEDERAL EXPRESS CORPORATION  
ATTN: REVENUE RECOVERY/BANKRUPTCY  
2005 CORPORATE AVENUE, 2<sup>ND</sup> FLOOR  
MEMPHIS, TN 38132**

Telephone No **901-395-7350**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

**224242352**

Check here if this claim  replaces a previously filed claim, dated \_\_\_\_\_  
 amends \_\_\_\_\_

**1 BASIS FOR CLAIM**

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

- Retiree benefits as defined in 11 U.S.C. 1114(a)
- Wages, salaries, and compensation (Fill out below)  
Your social security number \_\_\_\_\_  
Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

**2 DATE DEBT WAS INCURRED**  
**SEE ATTACHED**

**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 (Describe briefly)  
Amount of arrearage and other charges at time case filed included in secured claim above if any \$ \_\_\_\_\_

**UNSECURED NONPRIORITY CLAIM \$2,268.25**  
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 \_\_\_\_\_

- 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 4/11/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**5 TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED**

**\$2,268.25** (Unsecured)      \$ \_\_\_\_\_ (Secured)      \$ \_\_\_\_\_ (Priority)      **\$2,268.25** (Total)

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.

**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.

**8 TIME 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.

THIS SPACE IS FOR COURT USE ONLY

Date  
**5/24/04**

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)

*Cindy Meacham*  
Cindy D Meacham, Treasury Agent, FEDERAL EXPRESS

DISTRICT OF DELAWARE



Federal Express Corporation		STATEMENT OF ACCOUNT	
FILE NAME	Women First HealthCare Inc	5/24/04	
CASE #.	04-11278	FILE DATE	4/29/04
CHAPTER	11	STATE/DIST	Delaware /

Master Account	Account Number	Invoice Number	Invoice Date	Invoice Amount
224242352				
	224242352	1 704 79353	4/7/04	\$26 20
	224242352	1 704-86686	4/9/04	\$1 391 45
	224242352	1 705 30400	4/14/04	\$41 85
	224242352	1-705-92941	4/21/04	\$25 95
	224242352	1-755 83917	5/17/04	\$670 15
	224242352	1-755-83911	5/17/04	\$112 65
		<b>Account Total</b>		<b>\$2,268 25</b>
		<b>Grand Total</b>		<b>\$2,268 25</b>
		<b>GRAND TOTAL:</b>		<b>\$2,268.25</b>



Monday, May 24, 2004

**U S Bankruptcy Court  
824 Market St , 5th Flr  
Wilmington, DE 19801**

05  
11/11/04  
11/11/04  
11/11/04

**Re: Women First HealthCare Inc      Case # 04-11278**

To Whom It May Concern

Please file the attached Proof of Claim on behalf of Federal Express Corporation and return a copy to me as proof of the filing

Thank you for your cooperation in this matter

Sincerely,

A handwritten signature in cursive script that reads "Cindy D Meacham".

Cindy D Meacham  
Treasury Agent  
(901) 395-7350  
Fax (901) 395-7898

Attachments(s)

cc file