

Name of Debtor WOMEN FIRST HEALTHCARE INC Case Number 04 11278 (MFW)



Name of Creditor (the person or other entity to whom the debtor owes money or property) Ruspak Corporation

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

Name and address where notices should be sent c/o David D Benz, Esq Fix Spindelman Brovitz & Goldman, PC 295 Woodcliff Drive Fairport, New York 14450 Telephone Number (585) 641-8000

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 JUN 10 2004

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Account or other number by which creditor identifies debtor N/A

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

1 Basis for Claim Goods sold Services provided Money loaned Personal injury/wrongful death Taxes Other

Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (fill in below) Your SS # Unpaid compensation for services performed from to

2 Date debt was incurred 10/31/03-3/01/04

3 If Court judgment, date obtained

4 Total Amount of Claim at Time Case Filed \$29,381.47 plus interest If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 below Check 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 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 \$

6 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 \$4 650) * 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 benefits plan 44 U.S.C. § 507(a)(4) Up to \$2 100* 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

7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 8 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 9 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclosed is a stamped, self-addressed envelope and copy of this proof of claim

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Date May 30, 2004

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) Timothy C Brickle, President, Ruspak Corporation