

STATE OF NEW YORK  
DEPARTMENT OF LABOR  
Unemployment Insurance Division  
Governor W Averell Harriman State Office Building Campus  
Building 12, Room 256  
Albany, New York 12240

DATED 06/21/04

ARRANGEMENT #04-11278  
EMPLOYER REG NO 15-17368 4

**LIQUIDATED PRIORITY CLAIM FOR  
UNEMPLOYMENT TAXES DUE**

CLERK OF THE COURT  
U S BANKRUPTCY COURT  
DISTRICT OF DELAWARE  
824 MARKET ST  
WILMINGTON, DE 19801-0000

REC'D JUL 01 2004

IN THE MATTER OF  
WOMEN FIRST HEALTHCARE INC

Lisa Pearson is an agent of the New York State Department of Labor, Unemployment Insurance Division, and is authorized to make this claim on behalf of the Commissioner of Labor of the State of New York pursuant to Article 18 of the Labor Law of the State of New York

The debtor is liable to the New York State Department of Labor in the sum of \$86 67 representing unpaid unemployment insurance taxes. The PRIORITY CLAIM for this debt, with interest computed to the date of petition, is as follows:

| PERIOD FROM/TO    | A/E | Contributions | Section 581D<br>Assessment | Accrued<br>Interest | Posted<br>Interest | WARRANT/SECURED          |
|-------------------|-----|---------------|----------------------------|---------------------|--------------------|--------------------------|
| 10/01/01-09/30/02 | A   |               | \$45 87                    |                     |                    | <input type="checkbox"/> |
| 10/01/02-09/30/03 | A   |               | \$40 80                    |                     |                    | <input type="checkbox"/> |
| <b>Total</b>      |     |               |                            | <b>\$86 67</b>      |                    |                          |

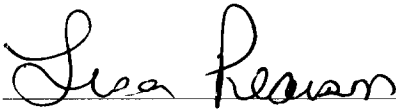
A - Actual Returns Filed E - Estimated, no return filed

No part of this debt has been paid. There are no set-offs or counterclaims.

This claim is asserted as secured for any periods checked by virtue of warrants filed for those periods.

All checks in satisfaction of this claim should be made payable to NYS Unemployment Insurance and forwarded to the NYS Department of Labor Insolvency Unit, at the address indicated above.

Commissioner of Labor



By Lisa Pearson  
Tax Compliance Agent 2  
Unemployment Insurance Division

Indicate Acknowledgement Date

Claim Number Assigned \_\_\_\_\_

Telephone (518) 485-6100  
IA37 1P(9-01)

lisa.pearson@labor.state.ny.us

Fax (518) 457-3256

Women First Healthcare Inc



00027

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DEPARTMENT OF LABOR  
Unemployment Insurance Division  
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Tax Compliance Agent 2  
Unemployment Insurance Division

Indicate Acknowledgement Date

Claim Number Assigned \_\_\_\_\_

11 11 42



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DEPARTMENT OF LABOR**

Unemployment Insurance Division  
Governor W Averell Harriman State Office Building Campus  
Building 12 Room 256  
Albany, New York 12240

**Dated 06/21/04**

**CLERK OF THE COURT  
U S BANKRUPTCY COURT  
DISTRICT OF DELAWARE  
824 MARKET ST  
WILMINGTON, DE 19801-0000**

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**IN THE MATTER OF  
women first healthcare inc  
15-17368 4  
ARRANGEMENT #04-11278  
DEBTOR**

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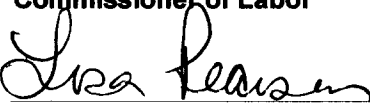
Enclosed is a verified claim of the New York State Department of Labor for unemployment insurance taxes due for the periods and amount shown below. The State of New York claims priority in payment under the provisions of the New York State Unemployment Insurance Law.

Please note on this letter your acknowledgement of receipt of this claim (including the claim number) and return it to the NYS Department of Labor, Unemployment Insurance Division, Insolvency Unit, in the enclosed preaddressed envelope.

|                                       |          |
|---------------------------------------|----------|
| Contributions due for the period from | 10/01/01 |
| to and including                      | 09/30/03 |
| in the amount of \$                   | \$86 67  |

Indicate Acknowledgement Date

Claim Number Assigned \_\_\_\_\_

Very truly yours,  
**Commissioner of Labor**  
  
**Lisa Pearson**  
**Tax Compliance Agent 2**  
**Unemployment Insurance Division**

LP lp  
Enc  
cc MICHAEL R NESTOR