

PROOF OF CLAIM

In re
**Women First HealthCare, Inc ,
Debtor**

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 and Address
06509442001661
THE MID YORK PRESS INC
5808 STATE HIGHWAY 80
PO BOX 733
SHERBURNE NY 13460 0733

- 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 this address differs from the address on the envelope sent to you by the court.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.
THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number **607-674-4491**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
1416

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

1 BASIS FOR CLAIM
 Goods sold Personal injury/wrongful death Retiree benefits as defined in 11 U.S.C. § 1114(a)
 Services performed Taxes Wages, salaries, and compensation (Fill out below)
 Money loaned Other (describe briefly) _____
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 \$ **10,193.23** (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ **10,193.23** (Total)

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. 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 \$ _____


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, 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 \$2,225 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 owed to 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 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of 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 your claim, please enclose a self-addressed, stamped envelope and an additional copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4:00 pm, Eastern Time on August 31, 2004.
BY MAIL TO:
Women First HealthCare Inc
c/o BMC Group f/k/a Bankruptcy Management Corp
PO Box 983
El Segundo CA 90245 0983
BY HAND OR OVERNIGHT DELIVERY TO:
Women First HealthCare Inc
c/o BMC Group f/k/a Bankruptcy Management Corp
1330 East Franklin Ave
El Segundo CA 90245

THIS SPACE FOR COURT USE ONLY
FILED
JUL 12 2004
BMC
Women First Healthcare Inc

00035

DATE SIGNED **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).
7/7/04 *Patrick W. Dowda, V.P. & CO., Patrick W. Dowda, V.P. & CO.*



Mid-York Press, Inc
P O Box 733
Sherburne NY 13460

WOMEN 1ST HEALTHCARE,INC 1416
5355 MIRA SORRENTO PL
SUITE 700
SAN DIEGO CA 92121

Statement date 7/7/2004

Page 1

Date	Invoice	PO/Chk no	Current	Over 30	Over 60	Over 90
12/17/2003	65302	01-148				2,613 42
12/17/2003	65303	01-148				7,579 81

Service charge	Current	Over 30	Over 60	Over 90	Total Due
\$0 00	\$0 00	\$0 00	\$0 00	\$10,193 23	\$10,193 23

Women First HealthCare, Inc.
 5355 Mira Sorrento Place
 Suite 700
 San Diego CA 92121

	"CHANGE ORDER"
	01-148
	10/14/2003
	2

Vendor:

The Mid-York Press Inc
 5806 State Highway 80
 PO Box 733
 Sherbourne NY 13460

Ship To:

Ruspak Corporation
 Manhattan Street
 Lyons NY 14489

* Changed Since the Previous Revision

TRUCK	Net 30						
1 MD-01-007-3	Midirin Sample folder MD-01-007-3	J975	11/5/2003	Each	30,000	\$0.20149	\$6,044.70
2 MD-01-008-2	Midirin Inner Carton MD-01-008-2	J977	11/5/2003	Each	6,000	\$0.31478	\$1,888.68
3 PLATES FOR FOLDER	PLATES FOR FOLDER		11/5/2003	Each	1.00	\$900.00000	\$900.00
4 PLATES FOR CARTON	PLATES FOR CARTON		11/5/2003	Each	1.00	\$400.00000	\$400.00
15 MATCHPRINT	MATCHPRINT		10/14/2003	Each	1.00	\$138.00000	\$138.00
16 MATCHPRINT	MATCHPRINT		10/14/2003	Each	1.00	\$138.00000	\$138.00

Revised pricing - 4 Colors on both carton
 Do not duplicate

	\$8,405.26
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$8,405.26



 Authorized Signature

Invoice

Mid-York Press, Inc
2808 State Highway 80
Sherburne, NY 13460
Tel 607-674-4491
Fax 607-674-4088

DUPLICATE

Remit to Mid-York Press, Inc
P O Box 733
Sherburne NY 13460

Bill to ELLEN KROMINGER
WOMEN 1ST HEALTHCARE,INC 1416
5355 MIRA SORRENTO PL
SUITE 700
SAN DIEGO CA 92121

Invoice Number **65302**
Invoice Date 12/17/2003
Page 1 of 1
Terms 30 days

Job 9717 Ship to
Salesperson Michael R Khoury
Purchase Order 01-148

Quantity	Description	Price Unit	Amount
6,600	MD-01-008-2 MIDRIN INNER CTN	314 760 m	2,077 42
4	PLATES	100 000 ea	400 00
1	MATCHPRINT CHARGE	136 000 ea	136 00
		Subtotal	2,613 42
		Job Total	2,613 42
		Invoice Total	2,613 42



The Mid-York Press, Inc
Since 1916

FOR **Woman First Healthcare**
5355 Mira Sorrento Place, Suite 700
San Diego, CA 92121

Date **November 19, 2003**
Quote No **150245-114634**

ATTENTION **Ellen Kroninger**

WE ARE PLEASED TO SUBMIT OUT ESTIMATE FOR THE FOLLOWING

JOB TITLE Midrin Inner Carton

QUANTITY 6,000

COLORS 4 Color Process & Aqueous

SIZE 3-5/8 x 1-25/32 x 2-3/4

STYLE Open Top w/ GAB

STOCK 016 SBS C1S

SPECIAL COMMENTS

PROCESSES Print, Diecut, Strip, Fold, Glue

PACKAGING Bulk Pack

PRINTING PRICE \$314 76 /M

PLATES \$400 00

DIES Pick-up

OTHER Matchprint \$136 00

FREIGHT

TOTAL PRICE \$2,424 56

We thank you for the opportunity to submit this estimate and we hope we may be of service to you
Subject to Terms and Conditions on back

Sincerely,

Michael R Khoury

Invoice

ne Mid-York Press, Inc
2808 State Highway 80
Sherburne, NY 13460
Tel 607-674-4491
Fax 607-674-4088

DUPLICATE

Remit to Mid-York Press, Inc
P O Box 733
Sherburne NY 13460

Bill to ELLEN KROMINGER
WOMEN 1ST HEALTHCARE,INC 1416
5355 MIRA SORRENTO PL
SUITE 700
SAN DIEGO CA 92121

Invoice Number **65303**
Invoice Date 12/17/2003
Page 1 of 1
Terms 30 days

Job 9755 Ship to
Salesperson Michael R. Khoury
Purchase Order 01-148

Quantity	Description	Price Unit	Amount
32,600	MD-01-007-3 MIDRIN SAMPLE FOLDERS	201 490 m	6,568 57
8	PLATES	100 000 ea	800 00
1	CUSTOMER ALTERATIONS	75 240 ea	75 24
1	MATCHPRINT CHARGE	136 000 ea	136 00
		Subtotal	7,579 81
		Job Total	7,579 81
		Invoice Total	7,579 81



The Mid-York Press, Inc
Since 1976

FOR **Woman First Healthcare**
5355 Mira Sorrento Place, Suite 700
San Diego , CA 92121

Date **November 19, 2003**
Quote No **113959-114635**

ATTENTION **Ellen Kroninger**

WE ARE PLEASED TO SUBMIT OUT ESTIMATE FOR THE FOLLOWING

JOB TITLE Midrn Sample Folders
QUANTITY 30,000
COLORS 4 Color Process & Varnish / 2 sides
SIZE 11-1/8 x 5-3/4 x Folds to 7-9/16 x 5-3/4
STYLE

STOCK 010 C2S

SPECIAL COMMENTS

PROCESSES Print, Diecut, Strip, Fold, Glue

PACKAGING Bulk Pack

PRINTING PRICE \$201 49 /M

PLATES \$800 00

DIES Pick-up

OTHER Matchprint \$136 00

FREIGHT

TOTAL PRICE \$6,980 70

We thank you for the opportunity to submit this estimate and we hope we may be of service to you
Subject to Terms and Conditions on back

Sincerely,

Michael R Khoury