

PROOF OF CLAIM



676

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.

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**

Name of Creditor and Address.  
AMIDE PHARMACEUTICAL INC  
101 EAST MAIN STREET  
LITTLE FALLS, NJ 07424

Creditor Telephone Number (908) 890-1446  
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR  
000410 (customer number)

Check here  replaces or  amends a previously filed claim dated \_\_\_\_\_

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 # \_\_\_\_\_

Active pharmaceutical ingredients purchased in reliance on a supply agreement at the direction of Women's First Health. Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

2. DATE DEBT WAS INCURRED: Nov. 12, 2003 3. IF COURT JUDGMENT, DATE OBTAINED:

4. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ 148,610.33 (unsecured) \$ 0 (secured) \$ 0 (unsecured priority) \$ 148,610.33 (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 \$4,825)\*, 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.

6. UNSECURED NONPRIORITY CLAIM \$ 148,610.33  
 Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.

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 13 2004**  
**BMC**  
Women First HealthCare Inc  
00039

DATE SIGNED: July 7, 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): SIVAL C. PATEL, DIRECTOR OF LEGAL & PROFESSIONAL AFFAIRS

**Amide Pharmaceutical, Inc**

101 E Main Street, Little Falls, NJ 07424  
(973) 890-1440 Fax (973) 890-7980

Invoice No I-00051420

Customer 000410

Bill to

**WOMEN FIRST HEALTHCARE, INC**  
5355 Mira Sorrento Place  
Suite 700  
SAN DIEGO CA 92121

**DOES NOT INCLUDE RESTOCKING  
CHARGE IF CUSTOMER DIRECTS API  
BE RETURNED TO SUPPLIER**

Customer PO Number	Ship Date	Terms	FOB	Ship Via	Sales Person
	11/12/2003	DUE NOW			IH
NDC #	Description / Lot Control#	Quantity Back Ordered	Quantity Shipped	Unit Price	Extended Price

52152-MISC SALES PARZONE BITARTATE DIHYDROCODEINE (55 KG) 1 148,610 33 148,610 33

**Total Item Price 148,610 33**  
**Shipping 0 00**  
**Total Inv Price \$ 148,610 33**