

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
 06509442002537
TRI-COR SYSTEMS INC
175 CASSIA WAY STE A1114
HENDERSON NV 89014 6644

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 **(702) 566-2144**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
Invoice # - 503940-5

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 **July 18, 2003**

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ **5065.92** (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ _____ (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 13 2004
BMC
Women First Healthcare Inc

00043

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 **Robert King** **ROBERT KING**

TriCor Systems

175 Cassia Way-Suite A-1114
 Henderson, NV 89014
 (702) 566 - 2005

PO# Verbal
 Order Date 7/18/2003
 Shipped 7/19/2003

Invoice Number **503940 - S**

TERMS 5% 5 Days, Net 15 Days

SOLD TO

Ms Nicki Pickorelli
 Women's First Healthcare
 1220 El Camino Real Suite 400
 San Diego, CA 92130
 (858) 509-1171



Qty	Merchandise	Unit Price	Total
4	Gross - 1 1/2 x 2 3M Post It Pads	0 69	397 44
4	Gross - 3 x 3 3M Post It Pads	0 89	512 64
4	Gross - 3/4" 3M Frosted Tape	2 19	1261.44
4	Each - Black Tape Dispensers	0 00	0 00
3	Gross - Gem Clips	0 69	298 08
2	Gross - Yellow Highlighters	0 69	198 72
2	Gross - Highlighters Assorted	0 69	198 72
3	Gross - Small Binder Clips	0 69	298 08
3	Gross - Medium Binder Clips	0 79	341 28
2	Gross - Large Binder Clips	0 99	285 12
3	Gross - Sharpie Black Pens	1 69	730 08
2	Gross - Swingline Staples	1 89	544 32

SubTotal	5065 92
Shipping & Handling	0 00
TOTAL	\$5,065 92

*Written authorization must be given within 10 days after receipt of goods in order for merchandise to be accepted in return
 Customer claims are only allowed if made within 10 days after receipt of goods All payments are to be mailed to the name and address shown at the top of invoice