

**UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE** **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

- 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**  
 06509442001274  
 HOFFMANN LA ROCHE INC  
 PO BOX 360138  
 PITTSBURGH PA 15251-0138  
 340 KINGSLAND ST  
 MURLEY, NJ 07110

Creditor Telephone Number (973) 562-2606

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

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 # \_\_\_\_\_  
 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** \$ 416,030.32 (unsecured) \$ \_\_\_\_\_ (secured) \$ \_\_\_\_\_ (unsecured prnnty) \$ \_\_\_\_\_ (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 \$ \_\_\_\_\_

**6 UNSECURED NONPRIORITY CLAIM** \$ 416,030.32

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

**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

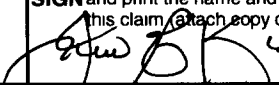
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4 00 pm, Eastern Time on August 31, 2004

**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

**DATE SIGNED** 7/8/04

**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)  
 **JOHN E. KRAIKER DIRECTOR OF FINANCE**

Status # Open # Packed # Cleared  
 De date # Override # De # Ntr de

Customer 26400315  
 Company Code 2287

Name WOMAN'S FIRST HEADPHONE INC  
 City SMI DHEO

St	Assignment	Doc no	Type	Doc date	S/ID	Art in loc cur	Unit	Clng doc	Text
#	20030721	1820030453	PR	07/21/2003	#	38 790 57	USD		Bectrim returns-100 Tablets-2nd quarter 2003
#	20030721	1820030453	PR	07/21/2003	#	299 801 06	USD		Bectrim returns-100 DS Tablets-2nd quarter 2003
#	20030721	1820030453	PR	07/21/2003	#	9 000 00	USD		2nd quarter 2003 Quarter Cap
#	20031020	1820030670	PR	10/20/2003	#	293 118 39	USD		Bectrim Returns Billing for third quarter 2003
#	20031120	1820030095	DS	11/20/2003	#	63 193 39	USD		Bectrim returns credit
#	20040122	1820040053	PR	01/22/2004	#	270 76	USD		Bectrim DS Rebates for 3rd qtr 2003 (100 Tablets)
#	20040122	1820040053	PR	01/22/2004	#	1 759 51	USD		Bectrim DS Rebates for 3rd qtr 2003 (100 Tablets)
#	20040406	1820040021	DS	04/06/2004	#	12 673 47	USD		Credit for return of Bectrim 100 Tablets
#	20040406	1820040021	DS	04/06/2004	#	133 865 11	USD		Credit for return of Bectrim DS 100 Tablets
#	20040421	1820040269	PR	04/21/2004	#	1 022 00	USD		Medicaid Rebate total for 4th quarter 2004
* #						416 030 32	USD		
** Account 26400315						416 030 32	USD		