

<b>UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE</b>	<b>PROOF OF CLAIM</b>
--	-----------------------

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**  
 06509442000350  
A CHECK AMERICA  
PO BOX 29048  
GLENDALE CA 91209 9048

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 **(818) 240 8688**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR  
**00010736-0000**

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**      \$ 156950 (unsecured)      \$ \_\_\_\_\_ (secured)      \$ \_\_\_\_\_ (unsecured priority)      \$ 156950 (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.

**6 UNSECURED NONPRIORITY CLAIM \$ \_\_\_\_\_**

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

**DATE SIGNED** 7/12/04

**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)  
*Wendy Marie You Lit Mgr*

Date 05/10/2004  
Time 2 35 06 PM

# Aging Report

Age Date 05/10/2004 by Due Date  
Company from 01 to 99

Customer # 00010736 to 00010736/ Perm / Temp / Others /  
Inc Address / Inc Current / Detail / Alpha Sort /

Company

Cust # Site # / Contact      Cust Name      Address/P  
Type    Inv#      Inv Date    Due Date    Tran amt    Trn Balance    Current    Over 25    Over 45    Over 60    Over 90    Over 120

59

00010736 0000      WOMEN FIRST HEALTHCARE      5355 MIRA SORRENTO PLACE STE#700    SAN DIEGO CA 92121  
LYNETTE BOWMAN      858/509 3835

INVOICE	59-0135634	10/31/03	10/31/03	389 00	389 00	0 00	0 00	0 00	0 00	0 00	0 00	389 00
INVOICE	59-0136493	11/29/03	11/29/03	950 50	950 50	0 00	0 00	0 00	0 00	0 00	0 00	950 50
INVOICE	59-0137548	12/30/03	12/30/03	104 00	104 00	0 00	0 00	0 00	0 00	0 00	0 00	104 00
INVOICE	59-0138751	1/30/04	1/30/04	126 00	126 00	0 00	0 00	0 00	0 00	0 00	126 00	0 00
Total for Cust# 00010736 0000				<u>1569 50</u>	<u>1569 50</u>	<u>0 00</u>	<u>0 00</u>	<u>0 00</u>	<u>0 00</u>	<u>0 00</u>	<u>126 00</u>	<u>1443 50</u>
Total for Company 59				<u>1569 50</u>	<u>1569 50</u>	<u>0 00</u>	<u>0 00</u>	<u>0 00</u>	<u>0 00</u>	<u>0 00</u>	<u>126 00</u>	<u>1443 50</u>

REC'D MAY 11 2004