

**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**



06509442000737

**C & M FORWARDING CO INC  
45 JET VIEW DR  
ROCHESTER NY 14624 4903**

Creditor Telephone Number ( )

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

**WOMENS**

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

**1 BASIS FOR CLAIM**

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other (describe briefly) \_\_\_\_\_
- Retiree benefits as defined in 11 U S C § 1114(a)
- Wages, salaries and compensation (Fill out below)
- Last four digits of SS # \_\_\_\_\_
- Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

**2 DATE DEBT WAS INCURRED** 12/2/03 12/15/03 12/23/03 **IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED** \$ 4773.79 (unsecured) \$ \_\_\_\_\_ (secured) \$ \_\_\_\_\_ (unsecured priority) \$ 4773.79 (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 \$ \_\_\_\_\_**

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 19 2004**

**BMC**

Women First Healthcare Inc



00047

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)

**C&M FORWARDING CO, INC**

Jetview Drive • Rochester NY 14624  
 Phone 585 279 0770 • FAX 585 279 0784



**CMFC**



DATE: 12/02/03 TR: 15061B ER: 1 TRMNL: 7 LANE: PP FR: RUSPA CCODE: 844 06 LOCAL: 00388783

PG#01-150

**UPS LOGISTICS GROUP**  
 11698 SAN MARINO  
 RANCHO CUCAMONG, CA 91730

ADVANCE BILL  
 PRO # \_\_\_\_\_ DATE BEYOND BILL

**RUSPAK CORPORATION**  
 PO BOX 29  
 29 MANHATTAN STREET  
 LYONS, NY 14489

**WOMEN'S FIRST HEALTHCARE**  
 5355 MIRA SORRENTO PLACE  
 SUITE 700  
 SAN DIEGO, CA 92121

PIECES	HM	DESCRIPTION OF ARTICLES AND SPECIAL MARKS	WEIGHT	RATE	PREPAID	COLLECT
4		PLTS STC 557 CASES OF PHARMACEUTICALS AS	1828	114.62	2292.40	
		FUEL SURCHARGE			41.72	
		DISCOUNT APPLIED - IT#419-15/PL#17020		65 %	-1490.06	
4		Totals	1828		844.06	

ICC REGULATIONS REQUIRE PAYMENT WITHIN 7 DAYS

THIS IS YOUR FREIGHT BILL NO OTHER INVOICE WILL BE RENDERED The Interstate Commerce Commission requires all charges to be paid within seven (7) days

DATE DELIVERED	TIME IN	TIME OUT
DRIVER		

MAKE ALL CHECKS PAYABLE TO ORDER OF **C&M FORWARDING CO INC**  
 45 Jetview Drive Rochester NY 14624 Please show FREIGHT BILL NUMBERS

**THIS IS YOUR INVOICE**

**CERTIFIED COPY**

This Shipping Order must be legibly filled in ink in Individual Receipt or in Carbon and returned by the agent.

Shipper No 3  
 Carrier No \_\_\_\_\_  
 Date 1/2/03

C & M  
 (Name of Carrier)

TO Consignee <u>UPS LOGISTICS GROUP (DEAR) 174704</u>	FROM Shipper <u>RUSPAK CORPORATION</u>
Street <u>11066 SAN MARINO</u> PHONE # <u>909-484-1400</u>	Street <u>Manhattan Street</u>
Destination <u>RANCHO CUCAMONGA CA 91730</u>	Origin <u>Lyons New York 14489</u>
Route	Emergency Response Phone No
	Vehicle Number

No Shipping Units	HM	Kind of Packaging	Description of Articles	Weight (subject to correction)	Rate	CHARGES
<u>55</u>		<u>ON 4 PALLET(S)</u>	<u>PHARMACEUTICALS</u>	<u>1826#</u>		
<u>555 CS</u>			<u>REF TO PL# 17030 RELEASE #3</u>			
			<u>PO# 01-150 IT# 419-15</u>			

**THIRD PARTY BILL TO**  **Forwarding Co., Inc.**

WOMEN FIRST HEALTH  
536 MIRA SORRENTO PLACE

DESTINATION



388783

RFMIT  
 COD TO ADDRESS  
SAN DIEGO CA 92121

PRO NO →

\$ TPB

NOTE: The carrier is not responsible for damage to goods unless it is caused by the carrier's negligence. The shipper is responsible for the proper packing, marking, and labeling of the goods. The carrier is not responsible for delays or loss of goods unless it is caused by the carrier's negligence.

DATE \_\_\_\_\_ REC'D BY \_\_\_\_\_  
 FREIGHT PREPAID  CHECK BOX IF CHARGES ARE TO BE COLLECT

RECEIVED: This Bill of Lading is subject to the classification and lawfully filed tariffs in effect on the date of the shipment. The shipper hereby certifies that he is familiar with all the Bill of Lading terms and conditions and has accepted for himself and his assigns. NOTICE: Freight moving under this Bill of Lading is subject to the classification and lawfully filed tariffs in effect on the date of this Bill of Lading. This notice supersedes and negates any claimed alleged or asserted oral or written contract, promise or understanding between the parties with respect to this freight, except to the extent of any written contract which the bill has lawfully contract carriage and is signed by authorized representatives of both parties to the contract.

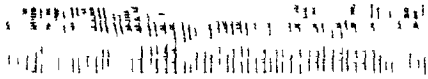
SHIPPER <u>RUSPAK CORPORATION</u>	CARRIER <u>C &amp; M</u>
PER <u>Patricia + Lawrence</u>	PER <u>Tom Allen</u>
DATE <u>12/2/03</u>	DATE <u>5/5/03</u>

Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading

**C&M FORWARDING CO., INC**

45 Jetview Drive • Rochester NY 14624  
 Phone 585 279 0770 • FAX 585 279 0784

**CMFC**



DATE 12/02/03 FILE# 15061817 FR CODE PP RUSPAK LOCAL PRONO 00388783

PO#01-150  
 UPS LOGISTICS GROUP  
 11698 SAN MARINO  
 PANCHO CUCAMONG, CA 91730

ADVANCE I/L  
 PRO #  
 DATE BEYOND I/L

BL# B  
 RUSPAK CORPORATION  
 PO BOX 29  
 29 MANHATTAN STREET  
 LYONS, NY 14489

RUSPAK  
 WOMEN'S FIRST HEALTHCARE  
 12220 EL CAMINO REAL  
 SUITE #400  
 SAN DIEGO, CA 92130  
 WOMENS

QUANTITY	MARKS	WEIGHT	RATE	PREPAID	COLLECT
4	PITS SIC 557 CASES OF PHARMACEUTICALS AS	1828 2000		XXXXXXX	
	Full SIC 14RCF (909) 484-1400 IF#419-15/PL#17020				
4	Totals	1828		XXXXXXX	

ICC REGULATIONS REQUIRE PAYMENT WITHIN 7 DAYS

RECEIVED THE ABOVE DESCRIBED PROPERTY IN GOOD ORDER EXCEPT AS NOTED  
 SIGN *Reene Barber* PRINT **RENEE BARBER**

DATE DELIVERED 12/05/03  
 DRIVER  
 TIME IN  
 TIME OUT

**DELIVERY RECEIPT**

ACCEPTANCE OF THIS SHIPMENT CONSTITUTES AN OBLIGATION TO PAY THE FREIGHT CHARGES UNLESS MARKED PREPAID

388783-001

**C&M FORWARDING CO, INC**

45 Jetview Drive • Rochester NY 14624  
 Phone 585-279 0770 • FAX 585 279-0784



**CMFC**

PRO  
NO



DATE 12 15/02 TRAILER 261 TRMNL 1 7 LANE TARE FR C  
 PP RUSPA

COMMUNICATIONS

PO #01-155

UPS LOGISTICS GROUP  
 11698 SAN MARINO  
 RANCHO CUCAMONGA, CA 91730

UPSL

INTERNETLINE

PRO #

ADVANCE #  
 DATE  
 BEYOND #

RUSPA CORPORATION  
 PO BOX 29  
 19 MANHATTAN STREET  
 EL YONS, NY 14489

RUSPA.

WOMEN'S FIRST HEALTH CARE  
 5355 MIRA SORRENTINO PLACE  
 SUITE 700  
 SAN DIEGO, CA 92118

VOICINGS

PIECES	HM	DESCRIPTION OF ARTICLES AND SPECIAL MARKS	WEIGHT	RATE	PREPAID	COLLECT
9		SKIDS (247 CS) PHARMACEUTICALS	10240	91 64	180 42	
		FUEL SURCHARGE			152.57	
		DISCOUNT APPLIED		65 %	447 27	
		(909)484-1400 - DELIVER ON 12 19 03				
9		Totals	10240		085 67	

ICC REGULATIONS REQUIRE PAYMENT WITHIN 7 DAYS

THIS IS YOUR FREIGHT BILL NO OTHER INVOICE WILL BE RENDERED The Interstate Commerce Commission requires all charges to be paid within seven (7) days

MAKE ALL CHECKS PAYABLE TO ORDER OF  
 45 Jetview Drive Rochester NY 14624

**C&M FORWARDING CO INC**  
 Please show FREIGHT BILL NUMBERS

DATE DELIVERED

DRIVER

TIME IN

TIME OUT

**DUPLICATE**

**THIS IS YOUR INVOICE**

This Shipping Order must be legibly filled in in Ink in Indelible Permanent Ink on Carbon and preferably by hand

Shipper No B

Carrier No \_\_\_\_\_


Date 12/15/60

**C&M**  
Name of Carrier

TO Consignee UP'S LOGISTICS GROUP (DEAF) 10174704	FROM Shipper RUSPAK CORPORATION Mannatten Street Lyons New York 11489
Street 11899 SAN MARINO	Street Mannatten Street
Phone PHONE # 909-484-1400	Origin Lyons New York 11489
Destination RANCHO CUCAMONGA CA 91730	Emergency Response Vehicle Number

No. Shipping Units	Kind of Packaging	Description of Articles Special Marks and Exceptions	Weight (Subject to correction)	Rate	CHARGES
247 CS	ON 8 PALLETS(S)	PHARMACEUTICALS REF TO PL# 17037 PO# 01-155 IT# 08120 <b>THIRD PARTY BILL TO</b> WOMEN'S BEST HEALTH 5355 SORRENTO PLACE	10240#		

UNITED STATES POSTAL SERVICE MAIL PERMIT NO. 100 SAN DIEGO, CALIF. POST OFFICE BOX 121 SAN DIEGO, CALIF. 92111

REMIT TO C O D T ADDRESSEE <b>C&amp;M Forwarding Co, Inc.</b>	DESTINATION  387075	COB Amt \$	C O D FEE PREPAID <input type="checkbox"/> \$ COLLECT <input checked="" type="checkbox"/> \$ <u>TRP</u>
RECEIVED BY DATE	REC'D BY	Signatures	TOTAL CHARGES \$ FREIGHT PREPAID <input type="checkbox"/> Check box if charges to be prepaid FREIGHT COLLECT <input type="checkbox"/> Check box if charges to be collected

SHIPPER RUSPAK CORPORATION <i>W. J. ...</i>	CARRIER PER DATE
---	------------------------

Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading

387075-001

**C&M FORWARDING CO., INC**



**CMFC**

PRO NO



45 Jetview Drive • Rochester NY 14624  
Phone 585 279 0770 • AX 585 279 0784

DATE 12/23/03 TRAILER 15450A TRMNL 1 LANE 7 TARIFF PP FR RUSPA CCIDE 844.06 LOCAL 00387193

PD #01-148

UPS LOGISTICS GROUP  
11698 SAN MARINO  
RANCHO CUCAMONGA, CA 91730

UPSL

ADVANCE I/L

PRO #

DATE BEYOND I/L

RUSPAK CORPORATION  
PO BOX 29  
29 MANHATTAN STREET  
LYONS, NY 14489

RUSPAK

WOMEN'S FIRST HEALTHCARE  
5355 MIRA SORRENTO PLACE  
SUITE 700  
SAN DIEGO, CA 92121

WOMENS

PIECES	DIM	DESCRIPTION OF ARTICLES AND SPECIAL MARKS	WEIGHT	RATE	PREPAID	COLLECT
3		SKIDS (58 CS) PHARMACEUTICALS	1976			
		AS	2000	114.62	2292.40	
		FUEL SURCHARGE			41.72	
		DISCOUNT APPLIED:		65 %	-1490.06	
		(909)484-1400 - DELIVER ON 01/05/04				
3		Totals	1976		844.06	

ICC REGULATIONS REQUIRE PAYMENT WITHIN 7 DAYS

THIS IS YOUR FREIGHT BILL NO OTHER INVOICE WILL BE RENDERED The Interstate Commerce Commission requires all charges to be paid within seven (7) days

MAKE ALL CHECKS PAYABLE TO ORDER OF  
45 Jetview Drive Rochester NY 14624

C&M FORWARDING CO INC  
Please show FREIGHT BILL NUMBERS

DATE DELIVERED

DRIVER

TIME IN

TIME OUT

**THIS IS YOUR INVOICE**

CERTIFIED COPY



To Reorder 1 800-225-6380 or www.nesb.com

This Shipping Order must be legibly filled in in ink in Indulible Pen or in Carbon and retained by the Agent

Shipper No **B**

Carrier No

C&M (Name of Carrier) Date **12/23/03**

TO Consignee	UPS LOGISTICS GROUP (DEA#RL0174794)	FROM Shipper	RUSPAK CORPORATION (DEA#RR2280355)
Street	11000 SAN MARINO PHONE # 909-484-1400	Street	Manhattan Street
Destination	RANCHO CUCAMONGA, CA 91730	Origin	Lyons New York 14489
Route		Emergency Response Phone No	Vehicle Number

No Shipping Units	Kind of Packaging	Description of Articles	Weight (subject to correction)	Rate	CHARGES
58 CS	ON 3 PALLET(S)	PHARMACEUTICALS REF TO PL# 1704B PO# 01-148 IT# 88120	1976#		

**THIRD PARTY BILL TO**

WOMEN FIRST HEALTH  
6500 MIRA SOLLENTO PLACE

SUITE 700  
SAN DIEGO, CA 92121



Forwarding Co., Inc.

DESTINATION



387193

en y Communication Standard (HM 126C)

When a sporting line does not have a technical or chemical name or n.o.s. (not otherwise specified) or enter a description of the nature of the goods in box abc e

PERMIT  
C O D TO  
ADDRESS

PRO NO →

OD FEE  
REPAID  \$  
COLLECT  \$

NOTE: The bill of lading is a receipt for the goods and is subject to the terms and conditions of the contract of carriage. It is not a contract of carriage. The carrier shall not be liable for loss of or damage to goods unless it is proved that the loss of or damage to goods was caused by the negligence of the carrier or its servants or agents.

DATE

REC'D BY

TOTAL CHARGES \$

RECEIVED: This Bill of Lading is a receipt for the goods and is subject to the terms and conditions of the contract of carriage. It is not a contract of carriage. The carrier shall not be liable for loss of or damage to goods unless it is proved that the loss of or damage to goods was caused by the negligence of the carrier or its servants or agents.

and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the Bill of Lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. NOTICE: Freight moving under this Bill of Lading is subject to the classifications and lawfully filed tariffs in effect on the date of this Bill of Lading. This notice supersedes and negates any claimed alleged or a verbal or written contract promise representation or understanding between the parties with respect to this freight except to the extent of any written contract which establishes a lawful contract carriage and is signed by authorized representatives of both parties to the contract.

SHIPPER	RUSPAK CORPORATION	CARRIER	
PER	<i>[Signature]</i>	PER	<i>[Signature]</i>
		DATE	

HAZARDOUS MATERIALS: THIS IS A DANGEROUS MATERIAL. DESIGNATE HAZARDOUS MATERIALS AS REFERENCED IN 49CFR § 172.207

Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading



ORV FORWARDING CO., INC

CMFC

420021004

5 River Drive, Roser NY 14611  
 Phone 585 279 077 FAX 585 279 0784

DATE 12/23/03 15450A 177 PE RUSPAK LCCAI PRO NO 00387193

PC-# = 148  
 UPS LOGISTICS GROUP  
 11698 SAN MARINO  
 RANCHO CUCAMONGA CA 91730

UPSL

ADVANCE I/L

PRO #

DATE BEYOND I/L

RUSPAK CORPORATION  
 PO BOX 29  
 29 MANHATTAN STREET  
 ELYSONS, NY 14489

RUSPAK

WOMENS FIRST HEALTHCARE  
 5355 MIRA SORRENTO PLACE  
 SUITE 700  
 SAN DIEGO, CA 92121

WOMENS

PIECES	MM	DESCRIPTION OF ARTICLES AND SPECIAL MARKS	WEIGHT	RATE	PREPAID	COLLECT
3		SKIDS (58 CS) PHARMACETICALS	1976			
		AS	2000		XXXXXXX	
		FUEL SURCHARGE				
		(909)484-1400 - DELIVER ON 01/05/04				
3		Totals	1976		XXXXXXX	

RECEIVED THE ABOVE DESCRIBED PROPERTY IN GOOD ORDER EXCEPT AS NOTED

DATE DELIVERED  
 DRIVER  
 MATT FAVORITE  
 1/5/04

DATE DELIVERED  
 DRIVER  
 DELIVERY RECEIPT  
 TIME IN  
 TIME OUT

ACCEPTANCE OF THIS SHIPMENT CONSTITUTES AN OBLIGATION TO PAY THE FREIGHT CHARGES UNLESS MARKED PREPAID

387193-001