

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



YOUR CLAIM IS SCHEDULED AS

In re Women First HealthCare, Inc, Debtor

Case Number 04-11278 (MFW)

s1130 \$7 128 57 Unsecured

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case...

Check box if you are aware that anyone else has filed a proof of claim relating to your claim...

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

The amounts reflected above constitute your claim as scheduled by the Debtor...

If the amounts shown above are listed as Contingent Unliquidated or Disputed, a proof of claim must be filed

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 WILSON LEARNING 8000 WEST 78TH ST STE 200 EDINA MN 55439 2534

Creditor Telephone Number () 952-944-2880

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR Client ID# 15875

Check here if this claim replaces or amends a previously filed claim dated

1 BASIS FOR CLAIM

- Goods sold, Services performed, Money loaned, Personal injury/wrongful death, Taxes, Other, Retiree benefits, Wages salaries and compensation, Unpaid compensation for services performed from to

2 DATE DEBT WAS INCURRED December 2003

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ 7128 57 (unsecured) \$ (secured) \$ (unsecured prnity) \$ 7,128 57 (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below

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 prnity claim Amount entitled to priority Specify the priority of the claim Wages salaries or commissions 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 \$ 7,128 57

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

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FILED JUL 15 2004

BMC

Women First Healthcare Inc



00050

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)

7-13-04

Cheryl Puumala Cheryl Puumala, Director of Finance



ACCOUNT REVIEW



Number	Transaction Date	Class	Status	Original	Balance Due	Due Date
1002780	08-DEC-2003	Invoice	Open	6,371 93	6,371 93	07-JAN-2004
1002785	11-DEC-2003	Invoice	Open	756 64	756 64	10-JAN-2004

7,128 57	7,128 57



8000 West 78th Street Suite 200
 Edina MN 55439 2534
 (952) 944 2880
 FED ID# 41 1688253

REMIT TO
 NW 8385
 PO BOX 1450
 MPLS MN 55485-8385

BILL TO

JONATHON CHILDS
 WOMEN FIRST HEALTHCARE
 5355 MIRA SORRENTO PLACE #700
 SAN DIEGO CA 92121

SHIP TO

WOMEN FIRST HEALTHCARE
 5355 MIRA SORRENTO PLACE #700
 SAN DIEGO CA 92121

Invoice	
NUMBER	1002780
DATE	PAGE
08-DEC 03	1 of 1
PURCHASE ORDER NUMBER	
PROJECT NUMBER	
12293	
SALES ORDER NUMBER	
CUSTOMER NUMBER	
15875	

TERMS		DUE DATE		SALESPERSON		
30 NET		07 JAN 04		Phil Stewart		
SHIP DATE		SHIP VIA		WAYBILL NUMBER		
LINE NO.	ITEM NO.	DESCRIPTION	QUANTITY		UNIT PRICE	EXTENSION
			ORDERED	SHIPPED		
1		PHYSICIAN FOCUS SELLING LEADER TRAINING NOVEMBER 18 19 2003 BY PHIL STEWART IN SAN DIEGO CA **FACILITATOR TRAVEL EXPENSES WILL BE BILLED AT A LATER DATE**	1	1	4 500 00	4 500 00
2		PHYSICIAN FOCUS SELLING LEADER MATERIALS (6 BOOKS @ \$295 EACH)	1	1	1 770 00	1 770 00
3		SHIPPING & HANDLING FOR MATERIALS	1	1	94 60	94 60

SPECIAL INSTRUCTIONS

SUBTOTAL	TAX	STATE / RATE	TOTAL
6 364 60	7 33	CA / 7 75	6 371 93
			Currency USD

TERMS ALL SALES ARE SUBJECT TO TERMS & CONDITIONS ON REVERSE SIDE



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REMIT TO
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Invoice	
NUMBER	1002785
DATE	PAGE
11-DEC 03	1 of 1
PURCHASE ORDER NUMBER	
PROJECT NUMBER	12294
SALES ORDER NUMBER	
CUSTOMER NUMBER	15875

BILL TO

JONATHON CHILDS
 WOMEN FIRST HEALTHCARE
 5355 MIRA SORRENTO PLACE #700
 SAN DIEGO CA 92121

SHIP TO

WOMEN FIRST HEALTHCARE
 5355 MIRA SORRENTO PLACE #700
 SAN DIEGO CA 92121

TERMS 30 NET		DUE DATE 10 JAN 04		SALESPERSON Phil Stewart			
SHIP DATE		SHIP VIA		WAYBILL NUMBER			
LINE NO.	ITEM NO.	DESCRIPTION	QUANTITY		UNIT PRICE	EXTENSION	
			ORDERED	SHIPPED			
1		TRAVEL EXPENSES FOR PHIL STEWART FOR PHYSICIAN FOCUS SELLING LEADER TRAINING NOVEMBER 18 19 2003 **FACILITATION PREVIOUSLY BILLED ON INVOICE #1002780 DATED DECEMBER 8 2003**	1	1	756 64	756 64	
SPECIAL INSTRUCTIONS							
SUBTOTAL		TAX	STATE / RATE		TOTAL		
756 64		0 00	CA /		756 64		
						Currency USD	

TERMS ALL SALES ARE SUBJECT TO TERMS & CONDITIONS ON REVERSE SIDE