

UNITED STATES BANKRUPTCY COURT <u>DISTRICT OF DELAWARE</u>		PROOF OF CLAIM
Name of Debtor WOMEN FIRST HEALTHCARE, INC.	Case Number 04-11278	REC'D JUL 15 2004
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 (The person or other entity to whom the debtor owes money or property) SKUNUCK MARKETS, INC.	<input type="checkbox"/> 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 <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court	
Name and Address where notices should be sent 40 CHARLIE STEGEMAN JR. 11420 LAKLAND RD. PO BOX 46928 ST LOUIS, MO 63146-6928	Telephone Number (314) 994-4253	
Account or other number by which creditor identifies debtor 191735	Check here if <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends	THIS SPACE IS FOR COURT USE ONLY
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> 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 <u>5/20/03 - 1/26/04 - 4/19/04</u>	3. If court judgment, date obtained	
4. Total Amount of Claim at Time Case Filed \$ <u>1,198.09</u> (unsecured) (secured) (priority) (Total) <u>1,198.09</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below <input type="checkbox"/> 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 <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____	7. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Wages, salaries or commissions (up to \$4,650) * 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) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$2,100* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony maintenance or support owed to a spouse former spouse or child 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a)(____) *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment	
6. Unsecured Nonpriority Claim \$ <u>1,198.09</u> <input checked="" type="checkbox"/> 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 if 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 the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim		THIS SPACE IS FOR COURT USE ONLY
Date 7/7/04	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) Charlie Stegeman Jr.	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. § 1573



Name	Invoice Number	Invoice Date	Gross Amt
Women First Healthcare Inc	0031162	2003-05-20	-762 33
Women First Healthcare Inc	0037410	2004-01-26	-403 27
Women First Healthcare Inc	0040255	2004-04-19	-32 49
			-1,198 09



Women First HealthCare, Inc.

191735

CUSTOMER SERVICE PHONE: 800-488-2288

CUSTOMER SERVICE FAX: 800-488-2288

SCHNUCK MARKETS INC
11420 LACKLAND ROAD
PO BOX 46928

SCHNUCK MARKETS INC
11420 LACKLAND ROAD
PO BOX 46928

ST LOUIS MO 63146

ST LOUIS MO 63146

CONTACT
PHONE NBR.

FAX NBR

CREDIT MEMO

PREPAID

00# 0037967-01-1

SHIPMENT NO.	ENTERED BY	
	RMIRANDA	FOB SHIP POINT
		1 04 11

CUSTOMER PURCHASE ORDER NO. RG SCHJ93894254	TERMS CREDIT	SHIP CUSTOMER NO. SCH001	SOLD CUSTOMER NO. SCH001	TERRITORY	CARRIER WA - UPS GROUND	00402
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PRODUCT CODE	LOT NUMBER/EXP. DATE	DESCRIPTION AND SIZE	PKG. SIZE	QTY. ORD.	QTY. SHIP.	UNIT PRICE	
12010	DEA SCHED	MIDRIN AMBER BOTTLE CONTAINING 100 CAPSULES IV CLASS 4 CONTROLLED RGA# 03-2241	EA			32.49	32.49-1
MERCHANDISE TOTAL							\$32.49
TOT. SHIPPED W/ 16/11/07				50	1		

998-017-11242

TOTAL \$32.49

DISTRIBUTION CENTER ADDRESS
 170 WOMEN FIRST HEALTHCARE, INC
 UPS SC5
 1698 SAN MARINO DR
 RANCHO CUCAMONGA CA 91730

RL0174704

INVOICE



Women First HealthCare, Inc.

191735

CUSTOMER SERVICE PHONE: 800-955-2246
CUSTOMER SERVICE FAX: 800-955-2246



ST LOUIS

ST LOUIS

SCHNUCK MARKETS INC
11420 LACKLAND ROAD
PO BOX 46928

SCHNUCK MARKETS INC
11420 LACKLAND ROAD
PO BOX 46928

ST LOUIS MO 63146

ST LOUIS MO 63146

CONTACT
PHONE NBR

FAX NBR:

CREDIT MEMO

PREPAID

SO# 0035070 01-1

SHIPMENT NO.	SHIPMENT DATE	SHIPMENT TYPE

CUSTOMER PURCHASE ORDER NO.	TERMS	SHIP CUSTOMER NO.	SOLD CUSTOMER NO.	RMIRANDA	FOB SHIP POINT	1012
SC1352694070	EXLDT	SCH001	SCH001			

PRODUCT CODE	LOT NUMBER/EXP DATE	DESCRIPTION AND SIZE	PKG. SIZE	QTY. ORD.	QTY. SHIP.	UNIT PRICE	
1500-30		VANIQA (30G TUBE)	EA			34.27	34.27-1
1500-30		VANIQA (30G TUBE)	EA			34.27	34.27-1
1500-30		VANIQA (30G TUBE)	EA			34.27	68.54
1500-30		VANIQA (30G TUBE)	EA			34.27	34.27-1
11001		ESCLIM 0.025MG/0.67 TRADE	EA			34.27	34.27-1
11001		ESCLIM 0.025MG/0.67 TRADE	EA			19.97	19.97-1
11001		ESCLIM 0.025MG/0.67 TRADE	EA			21.97	109.85-1
		ESCLIM 0.025MG/0.67 TRADE	EA			22.61	67.83-1
MERCHANDISE TOTAL							\$403.27
TOT SHIPPED WEIGHT/WT.				1.20	15		

998 017
11242

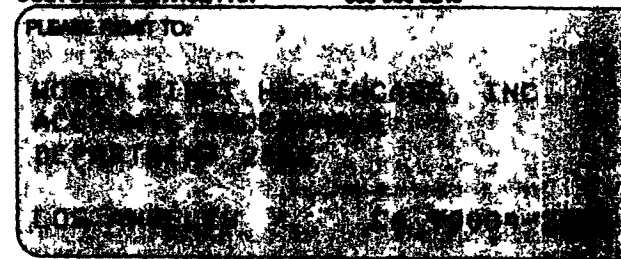
DISTRIBUTION CENTER ADDRESS
 UPS 3L3
 11428 SAN MARINO DR
 RANCHO DULANON CA 173



Women First HealthCare, Inc.

CUSTOMER SERVICE PHONE 888-650-2246
CUSTOMER SERVICE FAX 888-650-2248

191735



SHIP TO

SCHNUCK MARKETS INC
11420 LACKLAND ROAD
PO BOX 46928

ST LOUIS MO 63146

SHIP TO

SCHNUCK MARKETS INC
11420 LACKLAND ROAD
PO BOX 46928

ST LOUIS MO 63146

CONTACT:
PHONE NBR

FAX NBR:

PREPAID

C R E D I T M E M O

SHIPMENT NO.	ENTERED BY	DATE
	RMIRANDA	1 05 20
CUSTOMER PURCHASE ORDER NO	TERMS	SHIP CUSTOMER NO.
NO 5NK36987174	CREDIT	SCH001
		SOLD CUSTOMER NO.
		SCH001
		TERMINAL
		WM - UPS GROUND
		003116

PRODUCT CODE	LOT NUMBER/EXP DATE	DESCRIPTION AND SIZE	PKG. SIZE	QTY/ORD	QTY/SHIP	UNIT PRICE	EXTENSION
1500-30		VANIQA (30G TUBE)	EA	5	5	29 14	145.70-C
1500-30		VANIQA (30G TUBE)	EA	1	1	29.14	29.14-C
1500-30		VANIQA (30G TUBE)	EA	2	2	29 14	58.28-C
1500-30		VANIQA (30G TUBE)	EA	9	9	29 14	262.26-C
1500-30		VANIQA (30G TUBE)	EA	1	1	29 14	29.14-C
1500-60-RTV		VANIQA 60GM (DUAL 30 GRAM PACK) (CUSTOMER RETURNS ONLY)	EA	6	6	29 14	174.84-C
102 01		EST 1 25 100'S 1 5MG	EA	1	1	44 84	44.84-C
107L		ESCLIM 0.100MG/DAY TRADE PGA# 03-784	EA	1	1	18.13	18.13-C
MERCHANDISE TOTAL							\$762.33
TOTAL SHIPPED WEIGHT/WTY				50 93	26-		

998 112

TOTAL	\$762.33
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DISTRIBUTION CENTER ADDRESS
 UPS SCS
 11498 SAN MARINO DR
 RANCHO CUCAMONGA CA 91730

INVOICE