

PROOF OF CLAIM



YOUR CLAIM IS SCHEDULED AS

In re
**Women First HealthCare, Inc ,
Debtor**

Case Number
04-11278 (MFW)

s1035
\$40 500 00 Unsecured

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.

The amounts reflected above constitute your claim as scheduled by the Debtor. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

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
 06509440003659
MANAGEMENT RECRUITERS ZIONSVILLE
1455 WEST OAK STREET
STE B
ZIONSVILLE IN 46077

Creditor Telephone Number ()

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here replaces if this claim 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 9-1-03 to 12-3-03
(date) (date)

2 DATE DEBT WAS INCURRED 12-01-03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ 40,500 00 (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ _____ (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 16 2004

BMC

Women First Healthcare Inc



30054

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)

JAMES D. RHEUDE, PRESIDENT
James D. Rheude

Management Recruiters of Zionsville
1455 West Oak Street, Suite B
Zionsville, IN 46077

Invoice

DATE	INVOICE #
11/7/2003	732

BILL TO
Women First Healthcare
Attn Nikki Percorelli
5355 Mira Sorrento Place, Ste 700
San Diego, CA 92121

P O NO	DUE DATE	FEDERAL ID#
FTP/KF6	12/1/2003	35-2050494

ITEM	QUANTITY	DESCRIPTION	RATE	AMOUNT
Placement	1	Chris Tate, Sales Representative Specialty	7,500 00	7,500 00
			Total	\$7,500 00

Phone 317-733-9644
Fax 317-733-9614

~~Management Recruiters of Zionsville~~
1455 West Oak Street, Suite B
Zionsville, IN 46077

Invoice

DATE	INVOICE #
11/10/2003	733

BILL TO
Women First Healthcare
Attn Accounts Payable
5355 Mira Sorrento Place, Ste 700
San Diego, CA 92121

P O NO	DUE DATE	FEDERAL ID#
FTP/KF6	2/16/2004	35-2050494

ITEM	QUANTITY	DESCRIPTION	RATE	AMOUNT
Placement	1	Josie Mira, Flex-time Sales Representative Start Date 2/02/04	5,000 00	5,000 00
			Total	\$5,000 00

Phone 317-733-9644
Fax 317-733-9614

~~Management Recruiters of Zionsville~~

1455 West Oak Street, Suite B
Zionsville, IN 46077

Invoice

DATE	INVOICE #
11/14/2003	736

BILL TO
Women First Healthcare
Attn Lynette Bowman
5355 Mira Sorrento Place, Ste 700
San Diego, CA 92121

P O NO	DUE DATE	FEDERAL ID#
FTP/KF6	12/15/2003	35-2050494

ITEM	QUANTITY	DESCRIPTION	RATE	AMOUNT
Placement	1	Sandra Neff, Flex-time Sales Representative Start Date 12/1/03	5,000 00	5,000 00
Total				\$5,000 00

Phone 317-733-9644
Fax 317-733-9614

Management Recruiters of Zionsville

1455 West Oak Street, Suite B
Zionsville, IN 46077

Invoice

DATE	INVOICE #
11/24/2003	740

BILL TO
Women First Healthcare Attn Accounts Payable 5355 Mira Sorrento Place, Ste 700 San Diego, CA 92121

P O NO	DUE DATE	FEDERAL ID#
FTP/KF3	12/22/2003	35-2050494

ITEM	QUANTITY	DESCRIPTION	RATE	AMOUNT
Placement	1	Ken Finn, Regional Director Start Date 12/8/03	18,000 00	18,000 00
			Total	\$18,000 00

Phone 317-733-9644
Fax 317-733-9614

Management Recruiters of Zionsville

1455 West Oak Street, Suite B
Zionsville, IN 46077

Invoice

DATE	INVOICE #
12/3/2003	743

BILL TO
Women First Healthcare Attn Lynette Bowman 5355 Mira Sorrento Place, Ste 700 San Diego, CA 92121

P O NO	DUE DATE	FEDERAL ID#
FTP/KF6	12/15/2003	35-2050494

ITEM	QUANTITY	DESCRIPTION	RATE	AMOUNT
Placement	1	Lisa Lombardo, Flex-time Sales Representative Start Date 12/1/03	5,000 00	5,000 00

Total \$5,000 00

Phone 317-733-9644
Fax 317-733-9614