

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

PROOF OF CLAIM

441901290044

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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
*Indranie S Wilson
455 Ribbon Beach Way #289
Oceanside, CA 92054*

- 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 *(619) 433-7365*

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

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)
Bankruptcy
 - 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

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ _____ (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ *226.23* - (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

7 UNSECURED PRIORITY 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 \$ _____

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 28 2004
BMC

DATE SIGNED *7/26/04* 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) *Indranie S Wilson Indranie S Wilson*

Women First Healthcare Inc
00072

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 AND 3571

BROKER BOOK DETAILS Name: AEJ-R70580-005 Ms Indranie S Wilson
 As of: 07/26/04 Contact: Home 760-433-1365

New Broker Book Summary

978150100 WOMEN FIRST HLTHCARE Closing Price. 0 011

Purchases Sales

Quantity	Type	I/O	N/S	Date	Price	Total	Cost	I/O	N/S	Date	Price	Total	Proceeds	X/DR
150	1	I	N	09/26/03	1 419	220	23							

PSI STATEMENT ACTIVITY INQUIRY SCREEN PAGE 1

ACCT AEJ - R7058
 DATE(YMMDD) 030101 CUSIP 978150100 SRCE TRAN
 DATE/ TRAN/ DESCRIPTION QUANTITY AMOUNT
 SOURCE CUSIP PRICE/ENTRY
 10/01/03 Purchased * WOMEN FIRST HEALTHCARE IN 150 220 23
 30SS 978150100 UNSOLICITED Purchased

NO ACTIVITY FOR THIS ACCOUNT
 PF3 - EXIT PF7 - BACKWARD PF8 - FORWARD PF10 - PRINT CLEAR - RESET