FORM B10 (Official Form 10) (04 04)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF Delaware	PROOF OF CLAIM

Name of Debtor	Case Number
Women First HealthCare, Inc.	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 (The person or other entity to whom the debtor owes money or property) Colorado Department of Healthcare Policy & Financing

Name and address where notices should be sent

Colorado Dept of Healthcare Policy & Financing
c/o Lisa Brenner
Colorado Attorney General's Office
1525 Sherman Street, 5th Floor
Denver, CO 80202 (303) 866-5519

Telephone number

Account or other number by which creditor identifies debtor

☐ 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 the address differs from the address on the envelope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

Check here ☐ replaces if this claim ☐ amends a previously filed claim dated _____

1 Basis for Claim

- ☒ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other _____

- ☐ 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 _____ (date) to _____ (date)

2 Date debt was incurred
January - March, 2004

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 637 20 (unsecured) _____ (secured) _____ (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 $_____

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 if 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 0 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 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

FILED
AUG 02 2004
BMC

Women First Healthcare Inc
00077

Date	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)
07/28/04	Lisa Brenner, Assistant Attorney General

Penalty for presenting fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 and 3571

MEDICAID DRUG REBATE INVOICE
STATE CODE CO INVOICE # 642480104

PERIOD COVERED JANUARY - MARCH 2004

MANUFACTURER PATTI CONSILVIO
WOMEN FIRST HEALTHCARE, INC
5355 MIRA SORRENTO PLACE

SAN DIEGO CA 92121

NDC NUMBER	DRUG NAME	UNITS PER PACKAGE	REBATE AMT PER UNIT	TOTAL UNITS	TOTAL RBT AMT CLAIM	NBR OF SCRIPTS	TOTAL REIMB AMOUNT	COR FLG
64248-0101-01	ORTHO-EST 0 625 TABLET	100 000	0 024700	215 000	5 31	12	59 24	0
64248-0102-01	ORTHO-EST 1 25 TABLET	100 000	0 065500	100 000	6 55	1	35 50	0
64248-0117-10	BACTRIM DS TABLET	100 000	0 933800	0 000	0 00	2	0 00	0
64248-0120-05	MIDRIN CAPSULE	50 000	0 000000	55 000	0 00	8	34 69	0
64248-0310-01	ESCLIM 0 025MG PATCH	8 000	1 459600	8 000	11 68-	1	23 04-	0
64248-0320-01	ESCLIM 0 0375MG PATCH	8 000	1 437900	16 000	23 01	2	61 24	0
64248-0330-01	ESCLIM 0 05MG PATCH	8 000	1 331700	80 000	106 54	10	302 48	0
64248-0340-01	ESCLIM 0 075MG PATCH	8 000	0 351900	8 000	2 82	5	31 74	0
64248-0350-01	ESCLIM 0 1MG PATCH	8 000	1 177300	64 000	75 35	8	246 64	0
64248-0419-12	SYNALGOS-DC CAPSULE	12 000	0 795000	540 000	429 30	14	622 25	0

MEDICAID DRUG REBATE INVOICE
STATE CODE CO INVOICE # 642480104

PERIOD COVERED JANUARY - MARCH 2004

MANUFACTURER PATTI CONSILVIO
WOMEN FIRST HEALTHCARE, INC
5355 MIRA SORRENTO PLACE

SAN DIEGO CA 92121

NDC NUMBER	DRUG NAME	UNITS PER PACKAGE	REBATE AMT PER UNIT	TOTAL UNITS	TOTAL RBT AMT CLAIM	NBR OF SCRIPTS	TOTAL REIMB AMOUNT	COR FLG
			TOTALS	1070 000	637 20	63	1,370 74	

		637 20	AMOUNT BILLED	
		0 00	AMOUNT RECEIVED	
		637 20	NEW CHARGES	
	OTHER OUTSTANDING BALANCES	0 00	OUTSTANDING FROM	JANUARY - MARCH 2004
		0 00	INTEREST BILLED	
	****	637 20	AMOUNT DUE	

KEN SALAZAR
Attorney General

DONALD S QUICK
Chief Deputy Attorney General

ALAN J GILBERT
Solicitor General

STATE OF COLORADO
DEPARTMENT OF LAW
OFFICE OF THE ATTORNEY GENERAL

STATE SERVICES BUILDING
1525 Sherman Street - 5th Floor
Denver, Colorado 80203
Phone (303) 866-4500
FAX (303) 866-5691

July 28, 2004

Women First HealthCare, Inc
c/o BMC Group, f/k/a Bankruptcy Management
Corporation
P O Box 983
El Segundo, CA 90245-0983

RE Claims involving Case No 04-11278-MFW

Dear Sir or Madam

Enclosed please find a Proof of Claim and supporting documentation in the above referenced matter I have included an additional copy for you to date stamp and return to me in the self-addressed, stamped envelope that I have provided

Thank you for your assistance

Sincerely,

FOR THE ATTORNEY GENERAL

Jean McMains

JEAN L MCMAINS
Administrative Assistant
State Services Section
303-866-5660
303-866-5671 (FAX)