FORM B10 (Official Form 10) (04/04)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF _____

PROOF OF CLAIM

Name of Debtor
Women First Health Care, Inc

Case Number
04-11279

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)
State of Arkansas

Name and address where notices should be sent
Arkansas DHS - Accounts Receivable
Pharmacy Rebates
618 S Main Street, Donaghey Plaza West
Little Rock AR 72201
Telephone number 501-374-6609 x203

☐ 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

Account or other number by which creditor identifies debtor
Arkansas Drug Rebate

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 Federal Title XIX

☐ 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
2003-4 through 2004-1

3 If court judgment, date obtained
_____

4 Total Amount of Claim at Time Case Filed $ 2,938.94 (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 4/1/07 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 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 05 2004
BMC

Date
7/30/04

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)
Dana Bayer
Dana Bayer, Rebate Analyst

Women First Healthcare Inc
00080

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

DATE 07/28/2004

STATE OF ARKANSAS
ARKANSAS MEDICAID AGENCY
MEDICAID DRUG REBATE INVOICE

WOMEN FIRST HEALTHCARE INC
5355 MIRA SORRENTO PLACE
SAN DIEGO CA 92121

STATE CODE AR
PERIOD COVERED JAN - MAR 2004

NDC NUMBER	DRUG NAME	REBATE AMT PER UNIT	TOTAL UNITS REIMB	TOTAL REBATE AMT CLAIMED	NUMBER OF SCRIPTS	TOTAL REIMB AMOUNT	COR FLG
64248-0091 10	EQUAGESIC	$0 577700	640 000	$369 73	14	$745 61	0
64248-0101 01	ESTROPIPAT	$0 024700	153 000	$3 78	5	$64 69	0
64248 0102-01	ESTROPIPAT	$0 065500	91 000	$5 96	3	$44 18	0
64248-0117 10	BACTRIM DS	$0 933800	14 000	$13 07	1	$7 24	0
64248 0320 01	ESCLIM EST	$1 437900	24 000	$34 51	3	$81 22	0
64248-0330 01	ESCLIM EST	$1 331700	152 000	$202 42	19	$532 79	0
64248 0340-01	ESCLIM EST	$0 351900	56 000	$19 71	7	$200 20	0
64248-0350 01	ESCLIM EST	$1 177300	88 000	$103 60	11	$372 40	0
64248 0419 10	SYNALGOS	$0 795000	857 000	$681 32	22	$1 133 80	0
64248-0419 12	SYNALGOS P	$0 795000	43 000	$34 19	4	$68 67	0
		TOTALS	2 118 000	$1 468 29	89	$3 250 80	

REMIT $1 468 29 TO

FOR OVERNITE EXPRESS
DHS-ACCOUNTS RECEIVABLE
PHARMACY REBATES
ATTN LYNN WHITAKER
DONAGHEY PLAZA WEST GARDEN LEVEL
618 SOUTH MAIN STREET
LITTLE ROCK AR 72201

FOR REGULAR MAIL
DHS-ACCOUNTS RECEIVABLE
PHARMACY REBATES
ATTN LYNN WHITAKER
P O BOX 8181
LITTLE ROCK AR 72203-8181

MAKE CHECKS PAYABLE TO ARKANSAS DHS - PHARMACY REBATE PROGRAM

DATE 07/28/2004

STATE OF ARKANSAS
ARKANSAS MEDICAID AGENCY
MEDICAID DRUG REBATE INVOICE

WOMEN FIRST HEALTHCARE INC
5355 MIRA SORRENTO PLACE
SAN DIEGO CA 92121

STATE CODE AR
PERIOD COVERED OCT - DEC 2003

NDC NUMBER	DRUG NAME	REBATE AMT PER UNIT	TOTAL UNITS REIMB	TOTAL REBATE AMT CLAIMED	NUMBER OF SCRIPTS	TOTAL REIMB AMOUNT	COR FLG
64248 0091 10	EQUAGESIC	$0 000000 .5777	414 000	$0 00 239.17	9	$451 02	0
64248 0101 01	ESTROPIPAT	$0 000000 0247	212 000	$0 00 5 24	7	$89 95	0
64248-0102-01	ESTROPIPAT	$0 000000 .0655	214 000	$0 00 14 02	7	$107 67	0
64248-0117 10	BACTRIM DS	$0 856900	20 000	$17 14	1	$8 69	0
64248-0320-01	ESCLIM EST	$1 205300	24 000	$28 93	3	$86 73	0
64248-0330 01	ESCLIM EST	$0 000000 1 3317	135 000	$0 00 179.78	17	$477 56	0
64248 0340-01	ESCLIM EST	$0 351900	24 000	$8 45	3	$85 80	0
64248-0350-01	ESCLIM EST	$0 000000 1 1773	120 000	$0 00 141.28	15	$469 50	0
64248-0419-10	SYNALGOS	$0 000000 .795	931 000	$0 00 740.15	28	$1 143 51	0
64248 0419-12	SYNALGOS P	$0 000000 .795	132 000	$0 00 104 94	7	$176 54	0
		TOTALS	2 226 000	~~$54 52~~	97	$3 096 97	

$1470.65

REMIT $54 52 TO

FOR OVERNITE EXPRESS
DHS-ACCOUNTS RECEIVABLE
PHARMACY REBATES
ATTN LYNN WHITAKER
DONAGHEY PLAZA WEST GARDEN LEVEL
618 SOUTH MAIN STREET
LITTLE ROCK AR 72201

FOR REGULAR MAIL
DHS-ACCOUNTS RECEIVABLE
PHARMACY REBATES
ATTN LYNN WHITAKER
P O BOX 8181
LITTLE ROCK AR 72203-8181

MAKE CHECKS PAYABLE TO ARKANSAS DHS - PHARMACY REBATE PROGRAM