


UNITED STATES BANKRUPTCY COURT _____		PROOF OF CLAIM
Name of Debtor		Case Number
<p>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.</p>		
Name of Creditor (The person or other entity to whom the debtor owes money or property) Electronic Data Systems- EDS		<p style="font-size: 24pt; font-weight: bold;">REC'D AUG 05 2004</p> <p style="text-align: right; font-size: 10pt;">THIS SPACE IS FOR COURT USE ONLY</p>
Name and Address where notices should be sent 1471 Elmwood Ave. Cranston, RI 02910 Attn Helen G. Vaughn		
Telephone Number 401-784-3879		
Account or other number by which creditor identifies debtor 64248		<input type="checkbox"/> Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends
<p>1 Basis for Claim</p> <input 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 checked="" type="checkbox"/> Other Medicaid Drug Rebate (OBRA '90) (date) _____ (date) _____		
<p>2 Date debt was incurred 2/20/04 & 5/18/04</p>		<p>3 If court judgment, date obtained</p>
<p>4 Total Amount of Claim at Time Case Filed \$ <u>92.18</u> (unsecured) (secured) (priority) (Total) <u>\$92.18</u></p> <p>If all or part of your claim is secured or entitled to priority also complete Item 5 or 7 below</p> <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.		
<p>5 Secured Claim</p> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) <p>Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____</p> <p>Value of Collateral \$ _____</p> <p>Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____</p>		<p>7 Unsecured Priority Claim</p> <input type="checkbox"/> Check this box if you have an unsecured priority claim <p>Amount entitled to priority \$ _____</p> <p>Specify the priority of the claim</p> <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)(____) <i>*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</i>
<p>6 Unsecured Nonpriority Claim \$ <u>92.18</u></p> <input 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.		
<p>8 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.</p>		<p>THIS SPACE IS FOR COURT USE ONLY</p> <p style="font-size: 8pt;">Women First Healthcare Inc 00081</p>  <p style="font-size: 10pt;">LST 11/10/04</p>
<p>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.</p>		
<p>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.</p>		
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)	
7/29/04	<p>Helen G. Vaughn Helen G. Vaughn</p>	



July 20, 2004

United States Bankruptcy Court
For the District of Delaware
3rd Floor
824 Market Street
Wilmington, Delaware 19801

To Whom It May Concern

Enclosed you will find copies of invoices sent to Women First Healthcare, Inc for
Medicaid Rebates Please include these invoices in the list of debts for Women First
Healthcare, Inc

Sincerely,
Helen G Vaughn
EDS Rhode Island Title XIX
1471 Elmwood Ave
Cranston, RI 02910
401-784-3879

U.S. BANKRUPTCY COURT
DISTRICT OF DELAWARE

2004 JUL 21 AM 10 00

RHODE ISLAND MEDICAID MANAGEMENT INFORMATION SYSTEM

PERIOD CALENDAR YEAR 2004 1ST QUARTER

MEDICAID DRUG REBATE INVOICE

DRMR45B
RUN DATE 05/18/2004

STATE CODE RI
PERIOD COVERED 01/01/2004
INV NUM 0410290
THROUGH 03/31/2004

NDC	DRUG NAME	REBATE/UNIT	UNITS REIMB	REBATE AMT	NUM SCRIPTS	AMOUNT REIMB
64248 0117 10	BACTRIM DS	0 933800	62 0	\$57 90	5	\$121 15
	TOTAL		62 0	\$57 90	5	\$121 15

2004 JUN 21 PM 10 00
 DISTRICT OF CONNECTICUT
 STATE OF CONNECTICUT

RHODE ISLAND MEDICAID MANAGEMENT INFORMATION SYSTEM

PERIOD CALENDAR YEAR 2003 4TH QUARTER

DRMR45B

MEDICAID DRUG REBATE INVOICE

RUN DATE 02/20/2004

STATE CODE RI INV NUM 0340292
PERIOD COVERED 10/01/2003 THROUGH 12/31/2003

NDC	DRUG NAME	REBATE/UNIT	UNITS REIMB	REBATE AMT	NUM SCRIPTS	AMOUNT REIMB
64248 0117 10	BACTRIM DS	0 856900	40 0	\$34 28	2	\$68 98
	TOTAL		40 0	\$34 28	2	\$68 98

Manufacture Drug Rebate

<i>year</i>	<i>quarter</i>	<i>Invoice Amount</i>	<i>DHS Adjusted Rebate Amount</i>	<i>MANU Adjusted Rebate Amount</i>	<i>Adjusted Invoice Amount</i>	<i>Amount Received</i>	<i>Balance Due</i>	<i>Amount Disputed</i>	<i>Outstanding Undisputed Balance Due</i>
64248 WOMEN FIRST									
<i>2000</i>									
	3	\$4 78	\$0 00	\$0 00	\$0 00	\$0 00	\$0 00	\$0 00	\$0 00
	4	\$4 90	\$0 00	\$0 00	\$0 00	\$0 00	\$0 00	\$0 00	\$0 00
	Sum	\$9 68	\$0 00	\$0 00	\$0 00	\$0 00	\$0 00	\$0 00	0
<i>2001</i>									
	1	\$20 42	\$20 42	\$0 00	\$20 42	\$20 42	\$0 00	\$0 00	\$0 00
	2	\$10 64	\$10 64	\$0 00	\$10 64	\$10 64	\$0 00	\$0 00	\$0 00
	3	\$5 72	\$5 72	\$0 00	\$5 72	\$5 72	\$0 00	\$0 00	\$0 00
	4	\$3 55	\$0 00	\$0 00	\$0 00	\$0 00	\$0 00	\$0 00	\$0 00
	Sum	\$40 33	\$36 78	\$0 00	\$36 78	\$36 78	\$0 00	\$0 00	0
<i>2002</i>									
	1	\$2 25	\$0 00	\$0 00	\$0 00	\$0 00	\$0 00	\$0 00	\$0 00
	2	\$1 06	\$0 00	\$0 00	\$0 00	\$0 00	\$0 00	\$0 00	\$0 00
	3	\$3 61	\$0 00	\$0 00	\$0 00	\$0 00	\$0 00	\$0 00	\$0 00
	4	\$7 39	\$7 39	\$0 00	\$7 39	\$7 39	\$0 00	\$0 00	\$0 00

<i>year</i>	<i>quarter</i>	<i>Invoice Amount</i>	<i>DHS Adjusted Rebate Amount</i>	<i>MANU Adjusted Rebate Amount</i>	<i>Adjusted Invoice Amount</i>	<i>Amount Received</i>	<i>Balance Due</i>	<i>Amount Disputed</i>	<i>Outstanding Undisputed Balance Due</i>
	Sum	\$14 31	\$7 39	\$0 00	\$7 39	\$7 39	\$0 00	\$0 00	0
2003									\$0 00
	1	\$0 00	\$0 00	\$55 17	\$55 17	\$55 17	\$0 00	\$0 00	\$0 00
	3	\$1 14	\$0 00	\$0 00	\$0 00	\$0 00	\$0 00	\$0 00	\$0 00
	4	\$34 28	\$34 28	\$0 00	\$34 28	\$0 00	\$34 28	\$0 00	\$34 28
	Sum	\$35 42	\$34 28	\$55 17	\$89 45	\$55 17	\$34 28	\$0 00	34 28
2004									\$57 90
	1	\$57 90	\$57 90	\$0 00	\$57 90	\$0 00	\$57 90	\$0 00	\$57 90
	Sum	\$57 90	\$57 90	\$0 00	\$57 90	\$0 00	\$57 90	\$0 00	57 9
Sum		\$157 64	\$136 35	\$55 17	\$191 52	\$99 34	\$92 18	\$0 00	92 18
Grand Total		\$157 64	\$136 35	\$55 17	\$191 52	\$99 34	\$92 18	\$0 00	\$92 18