

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

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
06509442000588
BISCUITS & BERRIES
16027 W 5TH AVE
GOLDEN CO 80401 5518

- 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 **303 277-9677**
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here replaces or amends if this claim 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 _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED 5 28 2004 **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ 15338 (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ 15332 (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
AUG 11 2004
BMC

DATE SIGNED 7-9-04 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)
Janna Mylton Accountant

Invoice

BISCUITS AND BERRIES CATERING
16027 WEST 5TH AVE
GOLDEN, CO 80401
(303) 277-9677
(303) 277-9688 (FAX)

DATE	INVOICE #
5/28/2004	43331

BILL TO:

Associates in Womens Health
3555 Lutheran Pkwy #150
Wheatridge, CO 80033
Att Tracy

SHIP TO:

same

P.O. NUMBER	TERMS	REP	SHIP	VIA	F.O.B.	PROJECT
	Upon Receipt		5/28/2004			
QUANTITY	ITEM CODE	DESCRIPTION			PRICE EACH	AMOUNT
13	Western Barbeque	Western Barbeque			9 95	129 35T
1	Set-Up	Delivery, Buffet Set-Up, Pick-Up			18 50	18 50T
		State/RTD Tax			3 70%	5 47

We appreciate your business!!

TOTAL \$153 32

ASSOCIATES IN WOMEN'S HEALTH, P C
3555 LUTHERAN PKWY, SUITE 150
WHEAT RIDGE, CO 80033
(303) 940-1867

BANK ONE, NA
DENVER, CO 80202
23-101/1020 20

20004

	DATE	AMOUNT
Memo Invoice 43331	Jun 14, 2004	*****\$153 32

PAY One Hundred Fifty-Three and 32/100 Dollars

TO THE ORDER OF Biscuits and Berries Catering
16027 West 5th Avenue
Golden, CO 80401

INSUFFICIENT FUNDS

Judy Anderson
AUTHORIZED SIGNATURE

⑈0 20004⑈ ⑆ ⑆0 200 ⑆0 ⑆7⑆ ⑆4 786 38 503⑈

⑈00000 ⑆533 2⑈

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