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

☐ 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

Name of Creditor and Address

06509442003741

VALUE DRUG CO INC
PO BOX 2448
ALTOONA PA 16603

Creditor Telephone Number (814) 944-9316

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

VAL005

Check here if this claim ☐ 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) Returned Goods
☐ 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 3/4/04

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED

$ 5096 05	$	$	$ 5096 05
(unsecured)	(secured)	(unsecured 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 $ 5096 05

☒ 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 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 17 2004
BMC
Women First Healthcare Inc
00100

DATE SIGNED
8-9-04

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)

Michael J. Romillard Controller Michael J. Romillard

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

.9-2-3 UPS 1 CTN

WOMEN FIRST HEALTHCARE, INC
RETURNED GOODS AUTHORIZATION (RGA) FORM

3-22-04

RGA # 04-0414

DEBIT MEMO # 126454

DATE 3/4/2004

RETURNED BY	
CUSTOMER NAME	VALLEY DRUG COMPANY
ADDRESS	ONE GOLF VIEW DRIVE
CITY	ALTOONA
STATE	PA
ZIP CODE	16601
PROCESSING CO	DIRECT
CONTACT	RUSS GLUNT
PHONE #	814-944-9316
FAX #	814-944-8563
REASON/RETURN	EXPIRED/SHORT DATED

CREDIT TO
VALUE DRUG COMPANY, INC
P O BOX 2448
ALTOONA
PA
16603

ITEM #	PRODUCT DESCRIPTION	LOT #	EXP DATE	RGA QTY	UNIT PRICE	*LESS 2% ADJ FOR 2% CASH DISCOUNT	TOTAL AMOUNT
11701	Bactrim DS 100 Tablets	47125	4/1/04	6	$ 148 03	$ 145 07	$ 870 42
004-10	Bactrim 100 Tablets	47413	4/1/04	1	$ 82.03	$ 80 39	$ 80 39
31001	Esclim 0 025 MG/Day Trade	20576	11/1/03	2	$ 22.42	$ 21 97	$ 43 94
32001	Esclim 0 0375 MG/Day Trade	11794	9/1/03	2	$ 20 58	$ 20 17	$ 40 34
32001	Esclim 0 0375 MG/Day Trade	11940	11/1/03	2	$ 22 64	$ 22 19	$ 44 37
32001	Esclim 0 0375 MG/Day Trade	19964	4/1/04	4	$ 24 90	$ 24 40	$ 97 61
33001	Esclim 0 05 MG/Day Trade	11548	5/1/03	1	$ 20 97	$ 20 55	$ 20 55
33001	Esclim 0 05 MG/Day Trade	11795	9/1/03	4	$ 20 97	$ 20 55	$ 82 20
33001	Esclim 0 05 MG/Day Trade	19010	2/1/04	19	$ 20 97	$ 20.55	$ 390 46
33001	Esclim 0 05 MG/Day Trade	19227	3/1/04	14	$ 23 07	$ 22 61	$ 316 52
33001	Esclim 0 05 MG/Day Trade	19239	3/1/04	9	$ 25 38	$ 24 87	$ 223 85
33001	Esclim 0 05 MG/Day Trade	19010	2/1/04	100	$ 23 07	$ 22.61	$ 2,260 86
34001	Esclim 0 075 MG/Day Trade	11784	9/1/03	1	$ 21 76	$ 21 32	$ 21 32
0150-30	Vaniqa 30 MG Tube	15P007	3/1/03	1	$ 34 97	$ 34 27	$ 34 27
0150-30	Vaniqa 30 MG Tube	15P008	4/1/03	1	$ 34 97	$ 34 27	$ 34 27
0150-30	Vaniqa 30 MG Tube	15P014	6/1/03	1	$ 34 97	$ 34 27	$ 34 27
TOTAL				168			$ 4,595 65

PROCESSED BY Halena Nguyen, WFHC Customer Service — Phone # 858-509-3852, Fax # 858-509-0853

AUTHORIZED BY Patti Consilvio

PATTI CONSILVIO, BILL HELLER
WFHC Management

DATE AUTHORIZED 3/4/2004

4-21 for 4-14

RETURN PRODUCT TO
WFHC C/O UPS LOGISTICS GROUP
11698 SAN MARINO RANCHO CUCAMONGA, CA 91730 PHONE# 1-800-444-5734

THE ASSIGNED RGA# MUST BE REFERENCED WITH THE RETURN. A COPY OF THIS FORM MUST BE RETURNED WITH THE PRODUCT FOR CREDIT TO BE ISSUED. *UNIT PRICE REFLECTS A 2% ADJUSTMENT FOR 2% CASH DISCOUNT TAKEN ON ORIGINAL SALE.

RETURN AUTHORIZATION FOR 64248 WOMEN FIRST HEALTHCARE
DEBIT # 126454 ACCT # _____ RA # _____

DC(RX),UPC(OTC) DESCRIPTION			QTY	COST	EXT COST
4248011701 BACTRIM DS TAB 100					
LOT NUMBER 47125	EXP	DATE 04/04	6	148 03	888 18
		SUBTOTALS	6		888 18
4248000410 BACTRIM TAB 100					
LOT NUMBER 47413	EXP	DATE 04/04	1	82 03	82 03
		SUBTOTALS	1		82 03
4248031001 ESCLIM PATCH 025MG/DAY 8					
LOT NUMBER 20576	EXP	DATE 11/03	2	24 66	49 32
		SUBTOTALS	2		49 32
4248032001 ESCLIM PATCH 0375MG/DAY 8					
LOT NUMBER 11794	EXP	DATE 09/03	2	24 90	49 80
LOT NUMBER 11940	EXP	DATE 11/03	2	24 90	49 80
LOT NUMBER 19964	EXP	DATE 04/04	4	24 90	99 60
		SUBTOTALS	8		199 20
4248033001 ESCLIM PATCH 05MG/DAY 8					
LOT NUMBER 11548	EXP	DATE 05/03	1	25 38	25 38
LOT NUMBER 11795	EXP	DATE 09/03	4	25 38	101 52
LOT NUMBER 19010	EXP	DATE 02/04	19	25 38	482 22
LOT NUMBER 19227	EXP	DATE 03/04	14	25 38	355 32
LOT NUMBER 19239	EXP	DATE 03/04	9	25 38	228 42
LOT NUMBER 69180	EXP	DATE 02/04	100	25 38	2538 00
		SUBTOTALS	147		3730 86
4248034001 ESCLIM PATCH 075MG/DAY 8					
LOT NUMBER 11784	EXP	DATE 09/03	(1) 2	25 85	25 85 51 70
		SUBTOTALS	2		51 70
4248035001 ESCLIM PATCH 1MG/DAY 8					
LOT NUMBER 11787	EXP	DATE 09/03	(C) 1	26 33	26 33
		SUBTOTALS	1		26 33
4248015030 VANIQA CR 30G (150030)					
LOT NUMBER 15P007	EXP	DATE 03/03	1	38 47	38 47
LOT NUMBER 15P008	EXP	DATE 04/03	1	38 47	38 47
LOT NUMBER 15P014	EXP	DATE 06/03	1	38 47	38 47
		SUBTOTALS	3		115 41

ONLY ONE LISTED ON RA 25 85
HOLD (1) FOR NEXT RETURN
LISTED ON RA HOLD UNTIL NEXT RETURN

Track by Reference Number

View Reference Summary

Your search found 1 package matching your reference number criteria

Reference Number	04 0414
Date Range	Mar 22 2004 Apr 19 2004
UPS Account Number	187119

Tracking Number	Status	Delivery Information	
1 1Z 187 119 03 4069 025 2 Detail	**Delivered**	Delivered on	Mar 29 2004 11 39 A M
		Delivered to	RANCHO CUCAMONGA CA, US
		Signed by	FAVER
		Service Type	GROUND

Tracking results provided by UPS Apr 19, 2004 1 41 P M Eastern Time (USA)

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CAGE

UPS 1 CTN
3-12-04

WOMEN FIRST HEALTHCARE, INC
RETURNED GOODS AUTHORIZATION (RGA) FORM

RGA # 04-0296

DEBIT MEMO # 122237

DATE 2/11/2004

RETURNED BY	CREDIT TO
CUSTOMER NAME. VALUE DRUG COMPANY	VALUE DRUG COMPANY
ADDRESS ONE GOLF VIEW DRIVE	ONE GOLF VIEW DRIVE
CITY ALTOONA	ALTOONA
STATE PA	PA
ZIP CODE 16601	16601
PROCESSING CO DIRECT	
CONTACT RUSS GLUNT	
PHONE # 814-944-9316 EXT 173	
FAX # 814-944-9563	
REASON/RETURN EXPIRED & SHORT DATED PRODUCT	

ITEM #	PRODUCT DESCRIPTION	LOT #	EXP DATE	RGA QTY	UNIT PRICE	*LESS 2% ADJ FOR 2% CASH DISCOUNT	TOTAL AMOUNT
120-10	Midrin Capsule Bottle 100's	G1922A	9/00/02	1	REFER TO ELAN		$ -
120-10	Midrin Capsule Bottle 100's	G1923A	9/00/02	3	REFER TO ELAN		$ -
120-10	Midrin Capsule Bottle 100's	G1927A	10/00/02	4	REFER TO ELAN		$
120-10	Midrin Capsule Bottle 100's	G1928A	10/00/02	1	REFER TO ELAN		$ -
120-10	Midrin Capsule, Bottle 100's	G1933A	11/00/02	1	OVER 1 YEAR		$
120-10	Midrin Capsule, Bottle 100's	G1963A	10/00/03	1	$ 39 00	$ 38 22	$ 38 22
120-10	Midrin Capsule Bottle 100's	G1964A	02/00/04	1	$ 39 00	$ 38 22	$ 38 22
120-10	Midrin Capsule Bottle 100's	G19368A	03/00/04	1	$ 39 00	$ 38 22	$ 38 22
0419-10	Synalgos-D 100 Count	9010202	01/00/03	1	$ 95 71	$ 93 80	$ 93 80
4191-02	Synalgos-D 500 Count	9010203	01/00/03	1	$ 473 40	$ 463 93	$ 463 93
	PLEASE REFER ALL MIDRIN RETURNS WITH						
	LOT NUMBERS G1932 AND BELOW TO ELAN PHARMACEUTICAL						
	NO CREDIT ISSUED FOR PRODUCT EXPIRED						
	MORE THAN 12 MONTHS						
TOTAL				15			$ 672 39

PROCESSED BY Philip Arrant, WFHC Customer Service — Phone # 858-509-3852, Fax # 858-509-0853

AUTHORIZED BY Patti Consilvio

Patti Consilvio/ William Heller
WFHC Management

DATE AUTHORIZED 2/11/2004

Deduct $ 672 39
Ref RGA 04 0296
3/12/04

RETURN PRODUCT TO
WFHC C/O UPS LOGISTICS GROUP
11698 SAN MARINO RANCHO CUCAMONGA, CA 91730 PHONE# 1-300-444-5734

THE ASSIGNED RGA# MUST BE REFERENCED WITH THE RETURN. A COPY OF THIS FORM MUST BE RETURNED WITH THE PRODUCT FOR CREDIT TO BE ISSUED. *UNIT PRICE REFLECTS A 2% ADJUSTMENT FOR 2% CASH DISCOUNT TAKEN ON ORIGINAL SALE

MAR 09 2004

3/15

Dch 1/23

RETURN AUTHORIZATION FOR 64248 WOMEN FIRST HEALTHCARE
DEBIT # 122237 ACCT # _____ RA # _____

NDC(RX),UPC(OTC)	DESCRIPTION			QTY	COST	EXT COST
64248012010	MIDRIN CAP 100					
LOT NUMBER	G1922A	EXP	DATE 09/02	1	42 90	42 90
LOT NUMBER	G1923A	EXP	DATE 09/02	3	42 90	128 70
LOT NUMBER	G1927A	EXP	DATE 10/02	4	42 90	171 60
LOT NUMBER	G1928A	EXP	DATE 10/02	1	42 90	42 90
LOT NUMBER	G1933A	EXP	DATE 11/02	1	42 90	42 90
LOT NUMBER	G1963A	EXP	DATE 10/03	1	42 90	42 90
LOT NUMBER	G1964A	EXP	DATE 02/04	1	42 90	42 90
LOT NUMBER	G1968A	EXP	DATE 03/04	1	42 90	42 90
			SUBTOTALS	13		557 70
4248041910	SYNALGOS-DC CAP 100					
LOT NUMBER	9010202	EXP	DATE 01/03	1	105 28	105 28
			SUBTOTALS	1		105 28
8419102	SYNALGOS-DC CAP 500					
LOT NUMBER	9010203	EXP	DATE 01/03	1	473 40	473 40
			SUBTOTALS	1		473 40

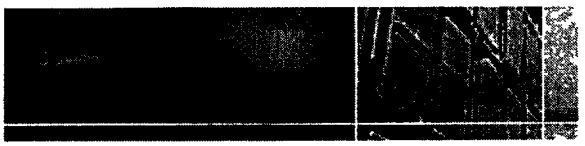
NOTE - VALUE DRUG WILL DEDUCT FROM INVOICE IF NO RESPONSE WITHIN 30 DAYS

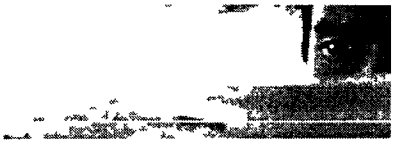
TOTAL QTY 15 COST 1136 38

AUTHORIZED SIGNATURE _____

PRODUCT TO BE RETURNED _____ DESTROYED _____

DATE _____ BY _____





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Track by Tracking Number
Track by Reference Number
Export Tracking Numbers
Track by Email
Get Quantum View Files
Get Quantum View Only
Void a Shipment
Help

Track by Reference Number

View Reference Summary

Your search found 1 package matching your reference number criteria

Reference Number	04-0296
Date Range	Feb 25, 2004 Mar 24 2004
UPS Account Number	187119

Tracking Number	Status	Delivery Information	
1 1Z 187 119 03 4010 327 0 Detail	**Delivered**	Delivered on	Mar 19, 2004 11 22 A M
		Delivered to	RANCHO CUCAMONGA, CA, US
		Signed by	PARSON
		Service Type	GROUND

Tracking results provided by UPS Mar 24, 2004 4 11 P M Eastern Time (USA)

NOTICE UPS authorizes you to use UPS tracking systems solely to track shipments tendered by or for you to UPS for delivery and for no other purpose Any other use of UPS tracking systems and information is strictly prohibited

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08/09/04 ACCOUNTS PAYABLE - PAY INVOICES BCAPPYIP

Vendor WOMEN FIRST HEALTHCARE LOS ANGELES CA START Date BEGINNING
2% 30 DAYS CUM BALANCE $ 0 00

L N	PAY DATE	REFERENCE NUMBER	DATE	GROSS AMT	DISCOUNT	NET PRIOR PAYMENTS	NET PAYMENT ALLOCATED	BALANCE PAYABLE	PAY ST
1	03/04	04-041403/04		4595 65-			4595 65-		R
2	03/12	12223703/12		672 39-			672 39-		R
3	03/16	003937603/16		20 93-			20 93-		R
4	04/17	003942903/18		271 30	5 43		265 87		R
5	04/30	004051804/30		53 74-			53 74-		R
6	07/15	004134707/15		19 21-			19 21-		R

$ 509605

<END > Change lines From __ To (<CR> to Accept)
Ready to pay, Status, Date, Partial pay _

Women First HealthCare, Inc.

CUSTOMER SERVICE PHONE: 888-650-2248
CUSTOMER SERVICE FAX: 888-650-2248

PLEASE REMIT TO:
WOMEN FIRST HEALTHCARE, INC
ACCOUNTS RECEIVABLE
DEPARTMENT 2652
LOS ANGELES CA 90084 265

SOLD TO
VALUE DRUG CO , INC
PO BOX 2440
ALTOONA PA 1

SHIP TO
VALUE DRUG CO , INC 32304
PO BOX 2440 606023
ALTOONA PA 1
CONTACT
PHONE NBR

FREIGHT TER
PREPAID

MEMO

SHIPMENT NO	ENTERED BY		PAGE	INVOICE M D
	RMIKOLOG	[illegible]	1	03 1

SO# 0036907 01 1

CUSTOMER PURCHASE ORDER NO	TERMS	SHIP CUSTOMER NO	SOLD CUSTOMER NO.	TERRITORY	CARRIER	INVOICE NO
RX 91811041 6	[illegible]	VAL005	VAL005		UPS [illegible]	00397

PRODUCT CODE	LOT NUMBER/EXP DATE	DESCRIPTION AND SIZE	PKG SIZE	QTY ORD	QTY SHPD	UNIT PRICE	EXTENSION
37001		ESCITALOPRAM 10MG/DAY TRADE [illegible] 876 PIERCE DRUGS KINGSTON PA 1 04 REPACKAGE TOTAL	1			20 93	$20 [illegible]

ACCOUNTS PAYABLE
Invoice/Credit Rec'd-Date MAR 22 2011
Approved/Buyer Signature
Invoice/Credit Entered-Date 3/23 By

[illegible] SHIPPED WE UTILIZED 20 1

** **

TOTAL $20.9[illegible]

DISTRIBUTION CENTER ADDRESS
[illegible] SLS
11498 SAN MARINO DR
ANCHORAGE AK 9[illegible]

INVOICE

Women First HealthCare, Inc.

CUSTOMER SERVICE PHONE: 888-650-2246
CUSTOMER SERVICE FAX: 888-650-2246

SOLD TO

VALUE DRUG CO , INC
PO BOX 448

ALTOONA PA 16601 U

SHIP TO

VALUE DRUG CO INC
UNI GOLF VIEW DRIVE

ALTOONA PA 16601 U

CONTACT:
PHONE NBR

DEA NO PV0025[illegible]
FF / NBR

PLEASE REMIT TO:

WOMEN FIRST HEALTHCARE, INC
ACCOUNTS RECEIVABLE
DEPARTMENT 2652
LOS ANGELES CA 9006[illegible]

FREIGHT TE

PREPAID

SU# 0037028-01-1

SHIPMENT NO	ENTERED BY		PAGE	INVOICE
	RMIRANDA	FOB SHIP POINT	1	03

CUSTOMER PURCHASE ORDER NO	TERMS	SHIP CUSTOMER NO.	SOLD CUSTOMER NO.	TERRITORY	CARRIER	INVOICE NO
34173-00	2% 30 NET 31 DAYS	VAL006	VAL005		WM - UPS GROUND	0039

PRODUCT CODE	LOT NUMBER/EXP DATE	DESCRIPTION AND SIZE	PKG. SIZE	QTY. ORD	QTY SHPD	UNIT PRICE	EXTENSION
31001	[illegible]4	LOESTRIN 0.025MG/0MG TRADE EXPIRE DT 05/30/2004 LOT NBR MERCHANDISE TOTAL	EA 10	10	10	2 13	21 30 21 30
		TOT SHIPPED WEIGHT/QTY		10	10		

ACCOUNTS PAYABLE
Invoice/Credit Rec'd-Date MAR 25 2004
Approved/Buyer Signature
Invoice/Credit Entered-Date 3/26 By

TOTAL $271.30

DISTRIBUTION CENTER ADDRESS

UPS SCS
11698 SAN MARINO DR
RANCHO CUCAMONGA CA 91730

INVOICE

Women First HealthCare, Inc.

CUSTOMER SERVICE PHONE: 800-000-2246
CUSTOMER SERVICE FAX: 800-000-2246

PLEASE REMIT TO:
WOMEN FIRST HEALTHCARE, INC.
ACCOUNTS RECEIVABLE
DEPARTMENT 2652
LOS ANGELES CA 90084-2652

[illegible] DRUG CO INC
[illegible]
[illegible] PA [illegible]

SHIP TO:
VALUE DRUG CO INC
PO BOX 94
ALTOONA PA 16603

CONTACT
PHONE NBR FAX NBR

FREIGHT TERMS: PREPAID

CREDIT MEMO

SHIPMENT NO.	ENTERED BY		PAGE	INVOICE DATE M D Y
	RMIRANDA	FOR SHIP POINT	1	04 30 04

PURCHASE ORDER NO	TERMS	SHIP CUSTOMER NO.	SOLD CUSTOMER NO	TERRITORY	CARRIER	INVOICE NO
[illegible]	CREDIT	VAL005	VAL005		WM UPS GROUND	0040518

CT CODE	LOT NUMBER/EXP DATE	DESCRIPTION AND SIZE	PKG SIZE	QTY ORD	QTY SHPD	UNIT PRICE	EXTENSION
[illegible]		VANIQA [illegible] 30G TUBE [illegible]	EA	1	1	33.19	33.19-CR
		ESCLIM [illegible] 100MG/DAY TRADE	EA	1	1	20.55	20.55-CR
		RGA# 04-0210					
		JANOSIKS PHARMACY 786					
		HONESDALE PA 1[illegible]					
		MERCHANDISE TOTAL					$53.74 CR
		TOT SHIPPED WEIGHT/QTY.		13	2		

** TOTAL $53.74 CR

BILLED TO CUSTOMER:
5-10-04
(DATE)
609329
(INVOICE/CREDIT)

ACCOUNTS PAYABLE
Invoice/Credit Rec'd-Date MAY 07 2004
Approved/Buyer Signature
Invoice/Credit Entered-Date 5-12 By DA

[illegible] CENTER ADDRESS
[illegible] SAN MARINO DR
[illegible] CA [illegible]

INVOICE

Women First HealthCare, Inc.

CUSTOMER SERVICE PHONE: 800-800-2248
CUSTOMER SERVICE FAX: 800-800-2248

PLEASE REMIT TO:
WOMEN FIRST HEALTHCARE, INC.
ACCOUNTS RECEIVABLE
DEPARTMENT 2652
LOS ANGELES CA 90084-2652

PAYMENT TERMS: PREPAID

CREDIT MEMO

SHIPMENT NO.	ENTERED BY		PAGE	INVOICE DATE M D Y
	LCALDUPO	FOR SHIPPING	1	07 15 04

PURCHASE ORDER NO	TERMS	SHIP CUSTOMER NO.	SOLD CUSTOMER NO	TERRITORY	CARRIER	INVOICE NO.
[illegible]	CREDIT	VAL005	VAL005		WM UPS GROUND	0041347

CT CODE	LOT NUMBER/EXP DATE	DESCRIPTION AND SIZE	PKG. SIZE	QTY ORD	QTY SHPD	UNIT PRICE	EXTENSION
		[illegible] 553	EA			[illegible]	19.21-CR
		[illegible]					$19.21 CR
		[illegible]	[illegible]	03			

CALLED TO CUSTOMER:
7.26.04
(DATE)
614988
(INVOICE/CREDIT)

ACCOUNTS PAYABLE
Invoice/Credit Rec'd-Date JUL 28 2004
Approved/Buyer Signature
Invoice/Credit Entered-Date 7/28 By DC

** TOTAL $19.21 CR

ON CENTER ADDRESS

[illegible]

INVOICE

PICK/PACK LIST (BOL) PAGE.

DUP CODE 01 CUST # VAL006-0000
men's First HealthCare, Inc NBR
CL ID WM O/T S BATCH 165-83
ONTROL ID B273463 DATE 03-18-04 TIME 14 21 STAGE*STAGE
ORDER DATE. 03-18-04 SO # 0932048011
PROMISE DATE 03-18 04 FREIGHT TERMS PRE-PAID
CARRIER WM UPS Ground

LP TO

VALUE DRUG CO, INC
ONE GOLF VIEW DRIVE

ALTOONA, PA 16601 US

SHIPPER

Women First HealthCare, Inc
C/O UPS - C
[illegible]

Rancho Cucamonga CA 91730 US

NTACT
HONE#
FAX#

AT PO/INVOICE # 34173-00
RM 223 #

SELLER #
CUST DEA LIC # PV0[illegible]

LATION	PART NUMBER/ LOT / EXP	SHP QTY	UM	SA LC#	DESCRIPTION/HRL NDC / UPC	UM	QTY QTY ORDERED
GNZA	31[illegible]01	10	EA		LoCLIM 0.025MG DAY TRADE	1	10
	57b4						
	09-30-04				0472803[illegible]001		

*** END ***

VA 982

TL, TS PACKAGE/PACKING LIST # 1 OF 1
T 0 PIECES 10 CUBE 4 CASES, [illegible] RE-PAC ___ PALLETS, ___
S SCS PICKED ___ PACKED
[illegible] TIP # [illegible]

VENDOR	SHIP TO
64248	VALUE DRUG COMPANY
WOMEN FIRST HEALTHCARE	ONE GOLF VIEW DRIVE
12220 EL CAMINO REAL	P.O. BOX 2448
SUITE 400	ALTOONA, PA 16601
SAN DIEGO CA 92130	

DEA: PV0035673
BYR: MIKE AIGNER
DISC: 2.00% ADJ: 0.0%

LINE	QORD	QREC	BIN LOC	PRODUCT	DESCRIPTION	COST	EXTEND
1	10		2130131	ESCLIM	PATCH .025MG/DAY 8	~~24.66~~ 27.13	246.60
			36424831001	029827			

REASON CODES
B BACKORDER - WILL FOLLOW
C CANCEL
D DAMAGED IN SHIPPING
S SHORTAGE
U DISCONTINUED

RECEIVING/COMPUTER INVENTORY

RECV DATE: 03/24/04 BY: 135 J BEARD
SHIPPED VIA: UPS
INVENTORY:

CHECK IN DATE: 03/24/04 BY: 117 F TRENGER
CARTONS: 1
DATE 3/24/04 BY

PURCHASE ORDER TOTAL IS: $246.60 CHECKED IN TOTAL IS: $246.60