

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
 06509442001819
 PRIDESTAFF INC
 6780 N WEST AVE # 103
 FRESNO CA 93711 1393

- 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 **559 432 7780**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
Women 000000 6203

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

- 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 **11/6/03 - 2/1/04**

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ **5703.14** (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 \$ _____

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 \$ **5703.14**

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 24 2004
BMC

DATE SIGNED
8/20/04

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)

[Signature]

Women First Healthcare Inc

 00111

AGED TRIAL BALANCE WITH OPTIONS - DETAIL

Pridestaff, Inc
 Receivables Management

Ranges

Customer ID	WOMEN000000GZ03	WOMEN000000GZ03	Profile Name	First - Last	ZIP Code	First	Last
Customer Class	First	Last	Customer Name	First - Last	State	First	Last
Salesperson ID	First	Last	Short Name	First - Last	Telephone	First	Last
Sales Territory	First - Last		Posting Date	First - Last			

Account Type All
 Customer by Customer ID
 Document by Document Number

Exclude Zero Balance, No Activity Fully Paid Documents, Unposted Applied Credit Documents, Multicurrency Info

* Indicates an unposted credit document that has been applied

Customer	WOMEN000000GZ03		Name	Women First Health Care		Account Type	Open Item	Aged As of 5/7/2004		
Profile Name	Women First Health C		Salesperson	MJESSIE		Credit				
Contact	Accounts Payable		Territory	F351						
Phone	(858) 509 1171 Ext. 0000		Terms	NET						
Document Number	Type	Date	Amount	Discount	Writeoff	CURRENT	31 60 Days	61 90 Days	91 and Over	
IVC000000176006	SLS	11/16/2003	\$2 073 00						\$2 073 00	
IVC000000178141	SLS	12/7/2003	\$1 468 50						\$1 468 50	
IVC000000178738	SLS	12/14/2003	\$1 419 00						\$1 419 00	
IVC000000179370	SLS	12/21/2003	\$264 00						\$264 00	
IVC000000183738	SLS	2/1/2004	\$478 64						\$478 64	
Totals						\$0 00	\$0 00	\$0 00	\$5 703 14	\$5,703 14
Grand Totals						1	\$0 00	\$0 00	\$5,703 14	\$5,703 14

PRIDESTAFF®

6780 N West Avenue, Suite 103
 Fresno CA 93711-1393
 559-432-7780
 www.pridestaff.com

INVOICE	IVC000000183738
Date	2/1/2004
Page	1

Bill to

Women First Health Care
 Accounts Payable
 5355 Mira Sorrento Place
 Suite 700
 San Diego, CA 92121

Purchase Order ID		Customer ID		Payment Terms ID		
		WOMEN000000GZ03		Net Due 14 Days		
Date	Employee Name		Hours	Rate	Ext. Price	
02/01/04	Bulda Roschelle	Specialized Off	STHRS	14 75	\$32 45	\$478 64

Subtotal	\$478 64
Misc	\$0 00
Tax	\$0 00
Total	\$478 64

Timecard Report

For Weekends between 02/01/2004 and 02/01/2004

<u>Office</u>		<u>WEDate</u>	<u>In</u>	<u>Out</u>	<u>Break</u>	<u>Hours</u>	
Women First Health Care	Human Resource						
	Approved By	npecorelli@womenfirst.com		Approved	02/02/2004 10 31 19		
351	Bulda, Roschelle	02/01/2004	9 15 am	5 15 pm	1 00	7 00	MONDAY
351	Bulda Roschelle	02/01/2004	9 00 am	5 15 pm	0 50	7 75	TUESDAY

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INVOICE	IVC000000179370
Date	12/21/2003
Page	1

Bill to

Women First Health Care
 Accounts Payable
 5355 Mira Sorrento Place
 Suite 700
 San Diego, CA 92121

Purchase Order ID:		Customer ID:		Payment Terms ID:		
		WOMEN000000GZ03		Net Due 14 Days		
Date	Employee Name		Hours	Rate	Ext. Price	
12/21/03	Trausch Jan	Specialized Off	STHRS	8 00	\$33 00	\$264 00

Subtotal	\$264 00
Misc	\$0 00
Tax	\$0 00
Total	\$264 00

PRIDESTAFF®

1468623

**MUST BE RECEIVED BY PRIDESTAFF
BEFORE NOON EACH MONDAY.**

PRIOR WEEK ENDING _____

PICK UP CHECK MAIL CHECK

OFF. NO.	WEEK ENDING	ASSIGNMENT COMPLETE
351	12/21/03	<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYEE
LAST FIRST NAME (PLEASE PRINT) Trausch, Jan

SOCIAL SECURITY # _____

Every employee is required to contact PrideStaff when their assignment ends. If the employee fails to make such contact, the employee may be considered to have left work voluntarily without cause and unemployment benefits may be denied. I agree not to ask or accept employment from any client that I am assigned to by PrideStaff without notifying PrideStaff in writing. I hereby certify that this time sheet is true and correct and that I sustained no injuries during this assignment unless noted in the comment section.

Comment: _____

EMPLOYEE SIGNATURE X

CLIENT NAME Women First

ADDRESS _____ CITY _____

DAY	DATE	START	STOP	LESS LUNCH	TOTAL HOURS	
MON	12/15	8:30	5:00	30	8	
TUE						
WED						
THU						
FRI						
SAT						
SUN						
ROUND TIME TO THE NEAREST QUARTER HOUR					TOTAL HOURS	8

Client approval includes verification of hours worked and acceptance of terms and conditions on reverse side. DO NOT SIGN IF HOURS ARE NOT TOTALED

X Verbally authorized
AUTHORIZED CLIENT SIGNATURE DATE

X by Nikki Pecorelli 12/18/03
TITLE

8

PRIDESTAFF®

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 Fresno CA 93711-1393
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INVOICE	IVC000000176006
Date	11/16/2003
Page	1

Bill to

Women First Health Care
 Accounts Payable
 5355 Mira Sorrento Place
 Suite 700
 San Diego CA 92121

Purchase Order ID	Customer ID	Payment Terms ID				
	WOMEN000000GZ03	Net Due 14 Days				
Date	Employee Name		Hours	Rate	Ext. Price	
11/16/03	Adams Vanessa	Customer Serv	STHRS	40 00	\$18 00	\$720 00
11/16/03	Trausch Jan	Specialized Off	OTHR	6 00	\$49 50	\$297 00
11/16/03	Trausch Jan	Specialized Off	STHRS	32 00	\$33 00	\$1 056 00
					Subtotal	\$2 073 00
					Misc	\$0 00
					Tax	\$0 00
					Total	\$2 073 00

Timecard Report

For Weekends between 11/16/2003 and 11/16/2003

<u>Office</u>		<u>WEDate</u>	<u>In</u>	<u>Out</u>	<u>Break</u>	<u>Hours</u>	
Women First Health Care	Human Resource						
Approved By pconsilvio@womenfirst.com			Approved 11/17/2003 09 59 06				
351	Adams, Vanessa	11/16/2003	8 00 am	5 00 pm	1 00	8 00	MONDAY
351	Adams, Vanessa	11/16/2003	8 00 am	5 00 pm	1 00	8 00	TUESDAY
351	Adams, Vanessa	11/16/2003	8 00 am	5 00 pm	1 00	8 00	WEDNESDAY
351	Adams, Vanessa	11/16/2003	8 00 am	5 00 pm	1 00	8 00	THURSDAY
351	Adams, Vanessa	11/16/2003	8 00 am	5 00 pm	1 00	8 00	FRIDAY

Timecard Report

For Weekendings between 11/16/2003 and 12/21/2003

Office	WEDate	In	Out	Break	Hours	
Women First Health Care Human Resource						
Approved By npecorelli@womenfirst.com			Approved 11/17/2003 08 41 11			
351	Trausch Jan	11/16/2003	8 00 am	5 00 pm	1 00	8 00 MONDAY
351	Trausch, Jan	11/16/2003	8 30 am	7 00 pm	0 50	10 00 TUESDAY
351	Trausch Jan	11/16/2003	8 30 am	5 00 pm	0 50	8 00 WEDNESDAY
351	Trausch, Jan	11/16/2003	8 00 am	9 00 pm	1 00	12 00 THURSDAY

Approved By npecorelli@womenfirst.com Approved 11/24/2003 10 17 51

351	Trausch Jan	11/23/2003	8 30 am	5 00 pm	0 50	8 00 MONDAY
351	Trausch, Jan	11/23/2003	8 30 am	5 00 pm	0 50	8 00 TUESDAY
351	Trausch, Jan	11/23/2003	8 30 am	5 00 pm	0 50	8 00 WEDNESDAY
351	Trausch Jan	11/23/2003	8 30 am	5 00 pm	0 50	8 00 THURSDAY
351	Trausch, Jan	11/23/2003	9 00 am	5 30 pm	0 50	8 00 FRIDAY

Approved By npecorelli@womenfirst.com Approved 12/01/2003 11 16 41

351	Trausch, Jan	11/30/2003	8 30 am	5 00 pm	0 50	8 00 MONDAY
351	Trausch Jan	11/30/2003	8 30 am	5 00 pm	0 50	8 00 TUESDAY
351	Trausch, Jan	11/30/2003	8 30 am	5 00 pm	0 50	8 00 WEDNESDAY
351	Trausch, Jan	11/30/2003	8 30 am	5 00 pm	0 50	8 00 THURSDAY
351	Trausch, Jan	11/30/2003	8 30 am	5 00 pm	0 50	8 00 FRIDAY

Approved By npecorelli@womenfirst.com Approved 12/08/2003 10 20 04

351	Trausch, Jan	12/07/2003	8 30 am	5 00 pm	0 50	8 00 MONDAY
351	Trausch, Jan	12/07/2003	8 30 am	5 00 pm	0 50	8 00 TUESDAY
351	Trausch, Jan	12/07/2003	8 30 am	5 00 pm	0 50	8 00 WEDNESDAY
351	Trausch, Jan	12/07/2003	8 30 am	5 00 pm	0 50	8 00 THURSDAY
351	Trausch Jan	12/07/2003	8 30 am	5 00 pm	0 50	8 00 FRIDAY
351	Trausch Jan	12/07/2003	8 00 am	11 00 am	0 00	3 00 SATURDAY

Approved By npecorelli@womenfirst.com Approved 12/15/2003 10 34 39

351	Trausch Jan	12/14/2003	8 30 am	5 30 pm	0 50	8 50 MONDAY
351	Trausch, Jan	12/14/2003	8 30 am	5 30 pm	0 50	8 50 TUESDAY
351	Trausch, Jan	12/14/2003	8 30 am	5 00 pm	0 50	8 00 WEDNESDAY
351	Trausch, Jan	12/14/2003	8 30 am	5 00 pm	0 50	8 00 THURSDAY
351	Trausch, Jan	12/14/2003	8 30 am	6 00 pm	0 50	9 00 FRIDAY

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INVOICE	IVC000000178141
Date	12/7/2003
Page	1

Bill to

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 Accounts Payable
 5355 Mira Sorrento Place
 Suite 700
 San Diego, CA 92121

Purchase Order ID		Customer ID		Payment Terms ID		
		WOMEN000000GZ03		Net Due 14 Days		
Date	Employee Name		Hours	Rate	Ext. Price	
12/07/03	Trausch Jan	Specialized Off	OTHER	3 00	\$49 50	\$148 50
12/07/03	Trausch Jan	Specialized Off	STHRS	40 00	\$33 00	\$1 320 00
					Subtotal	\$1 468 50
					Misc	\$0 00
					Tax	\$0 00
					Total	\$1 468 50

Timecard Report

For Weekendings between 11/16/2003 and 12/21/2003

Office		WEDate	In	Out	Break	Hours		
Women First Health Care Human Resource		Approved By npecorelli@womenfirst.com						Approved 11/17/2003 08 41 11
351	Trausch, Jan	11/16/2003	8 00 am	5 00 pm	1 00	8 00	MONDAY	
351	Trausch, Jan	11/16/2003	8 30 am	7 00 pm	0 50	10 00	TUESDAY	
351	Trausch, Jan	11/16/2003	8 30 am	5 00 pm	0 50	8 00	WEDNESDAY	
351	Trausch, Jan	11/16/2003	8 00 am	9 00 pm	1 00	12 00	THURSDAY	
		Approved By npecorelli@womenfirst.com						Approved 11/24/2003 10 17 51
351	Trausch, Jan	11/23/2003	8 30 am	5 00 pm	0 50	8 00	MONDAY	
351	Trausch, Jan	11/23/2003	8 30 am	5 00 pm	0 50	8 00	TUESDAY	
351	Trausch, Jan	11/23/2003	8 30 am	5 00 pm	0 50	8 00	WEDNESDAY	
351	Trausch, Jan	11/23/2003	8 30 am	5 00 pm	0 50	8 00	THURSDAY	
351	Trausch, Jan	11/23/2003	9 00 am	5 30 pm	0 50	8 00	FRIDAY	
		Approved By npecorelli@womenfirst.com						Approved 12/01/2003 11 16 41
351	Trausch, Jan	11/30/2003	8 30 am	5 00 pm	0 50	8 00	MONDAY	
351	Trausch, Jan	11/30/2003	8 30 am	5 00 pm	0 50	8 00	TUESDAY	
351	Trausch, Jan	11/30/2003	8 30 am	5 00 pm	0 50	8 00	WEDNESDAY	
351	Trausch, Jan	11/30/2003	8 30 am	5 00 pm	0 50	8 00	THURSDAY	
351	Trausch, Jan	11/30/2003	8 30 am	5 00 pm	0 50	8 00	FRIDAY	
		Approved By npecorelli@womenfirst.com						Approved 12/08/2003 10 20 04
351	Trausch, Jan	12/07/2003	8 30 am	5 00 pm	0 50	8 00	MONDAY	
351	Trausch, Jan	12/07/2003	8 30 am	5 00 pm	0 50	8 00	TUESDAY	
351	Trausch, Jan	12/07/2003	8 30 am	5 00 pm	0 50	8 00	WEDNESDAY	
351	Trausch, Jan	12/07/2003	8 30 am	5 00 pm	0 50	8 00	THURSDAY	
351	Trausch, Jan	12/07/2003	8 30 am	5 00 pm	0 50	8 00	FRIDAY	
351	Trausch, Jan	12/07/2003	8 00 am	11 00 am	0 00	3 00	SATURDAY	
		Approved By npecorelli@womenfirst.com						Approved 12/15/2003 10 34 39
351	Trausch, Jan	12/14/2003	8 30 am	5 30 pm	0 50	8 50	MONDAY	
351	Trausch, Jan	12/14/2003	8 30 am	5 30 pm	0 50	8 50	TUESDAY	
351	Trausch, Jan	12/14/2003	8 30 am	5 00 pm	0 50	8 00	WEDNESDAY	
351	Trausch, Jan	12/14/2003	8 30 am	5 00 pm	0 50	8 00	THURSDAY	
351	Trausch, Jan	12/14/2003	8 30 am	6 00 pm	0 50	9 00	FRIDAY	

Timecard Report

For Weekends between 11/16/2003 and 12/21/2003

Office		WEDate	In	Out	Break	Hours	
Women First Health Care	Human Resource						
Approved By npecorelli@womenfirst.com			Approved 11/17/2003 08 41 11				
351	Trausch, Jan	11/16/2003	8 00 am	5 00 pm	1 00	8 00	MONDAY
351	Trausch, Jan	11/16/2003	8 30 am	7 00 pm	0 50	10 00	TUESDAY
351	Trausch, Jan	11/16/2003	8 30 am	5 00 pm	0 50	8 00	WEDNESDAY
351	Trausch, Jan	11/16/2003	8 00 am	9 00 pm	1 00	12 00	THURSDAY

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351	Trausch, Jan	11/23/2003	8 30 am	5 00 pm	0 50	8 00	MONDAY
351	Trausch, Jan	11/23/2003	8 30 am	5 00 pm	0 50	8 00	TUESDAY
351	Trausch, Jan	11/23/2003	8 30 am	5 00 pm	0 50	8 00	WEDNESDAY
351	Trausch, Jan	11/23/2003	8 30 am	5 00 pm	0 50	8 00	THURSDAY
351	Trausch, Jan	11/23/2003	9 00 am	5 30 pm	0 50	8 00	FRIDAY

Approved By npecorelli@womenfirst.com Approved 12/01/2003 11 16 41

351	Trausch, Jan	11/30/2003	8 30 am	5 00 pm	0 50	8 00	MONDAY
351	Trausch, Jan	11/30/2003	8 30 am	5 00 pm	0 50	8 00	TUESDAY
351	Trausch, Jan	11/30/2003	8 30 am	5 00 pm	0 50	8 00	WEDNESDAY
351	Trausch, Jan	11/30/2003	8 30 am	5 00 pm	0 50	8 00	THURSDAY
351	Trausch, Jan	11/30/2003	8 30 am	5 00 pm	0 50	8 00	FRIDAY

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351	Trausch, Jan	12/07/2003	8 30 am	5 00 pm	0 50	8 00	MONDAY
351	Trausch, Jan	12/07/2003	8 30 am	5 00 pm	0 50	8 00	TUESDAY
351	Trausch, Jan	12/07/2003	8 30 am	5 00 pm	0 50	8 00	WEDNESDAY
351	Trausch, Jan	12/07/2003	8 30 am	5 00 pm	0 50	8 00	THURSDAY
351	Trausch, Jan	12/07/2003	8 30 am	5 00 pm	0 50	8 00	FRIDAY
351	Trausch, Jan	12/07/2003	8 00 am	11 00 am	0 00	3 00	SATURDAY

Approved By npecorelli@womenfirst.com Approved 12/15/2003 10 34 39

351	Trausch, Jan	12/14/2003	8 30 am	5 30 pm	0 50	8 50	MONDAY
351	Trausch, Jan	12/14/2003	8 30 am	5 30 pm	0 50	8 50	TUESDAY
351	Trausch, Jan	12/14/2003	8 30 am	5 00 pm	0 50	8 00	WEDNESDAY
351	Trausch, Jan	12/14/2003	8 30 am	5 00 pm	0 50	8 00	THURSDAY
351	Trausch, Jan	12/14/2003	8 30 am	6 00 pm	0 50	9 00	FRIDAY