

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

**PROOF OF CLAIM**



**YOUR CLAIM IS SCHEDULED AS**

In re  
**Women First HealthCare, Inc ,  
Debtor**

Case Number  
**04-11278 (MFW)**

s1046  
\$3 471 88 Unsecured Contingent Disputed  
Unliquidated

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**  
06509440003670  
MISSOURI DIV OF MEDICAL SVCS  
SENIORX PROGRAM  
205 JEFFERSON ST  
ROOM 1310  
JEFFERSON CITY MO 65102

- 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

The amounts reflected above constitute your claim as scheduled by the Debtor If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below

**If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed**

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 ( )  
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here  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) \_\_\_\_\_
- 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** 1st QUARTER 2004 **3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED** \$ 3,471.88 (unsecured) \$ \_\_\_\_\_ (secured) \$ \_\_\_\_\_ (unsecured priority) \$ 3,471.88 (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

**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 26 2004**  
**BMC**

**DATE SIGNED** 8/23/04 **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)  
Christie Kincannon Asst Atty General