United States Bankruptcy Court **District of Delaware** **PROOF OF CLAIM**

Name of Debtor	Case Number
Women First Health Care, Inc	**04-11278 (MFW)**

[illegible]

Name of Creditor (The person or other entity to whom the debtor owes money or property)

QK Health Care, Inc

Name and address where notices should be sent

c/o Jeffrey Cymbler, Esq
Angel & Frankel P C
460 Park Avenue
New York, NY 10022

Telephone number (212) 752-8000

☐ 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 the address differs from the address on the envelope sent to you by the court

ORIGINAL

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor

QUA001

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated ________

1 Basis of Claim

☐ Good Sold
☐ Services performed
☐ Money Loaned
☐ Personal injury/wrongful death
☐ Taxes
☒ Other

☐ 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
Various dates – see attached

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ ________ (unsecured) ________ (secured) ________ (priority) ________ (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 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 $1,844,821 00 plus contingent liability of $7 785,271.00[1]

☒ 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 4/1/04 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 the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

FILED
AUG 27 2004
BMC

Date	Sign and print name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
8/25/04	Dennis Barkey, Dennis Barkey Senior Vice President

[1] Creditor intends to file a proof of administrative expense liability for this contingent amount of $7,785 271 00 However in order to preserve creditor s rights should the claim be reclassified creditor is also now asserting this liability

75795_1 Ms Word

Women First Healthcare Inc
00126

QK Healthcare, Inc
Statement of account with Women First Healthcare, Inc
as of April 29 2004

	Value		WF ref#	
	(860)	10/20/03	36237	Vaniqa return
	(1 070 811)	04/04/04	40602	Esclim return
	(658 816)	04/25/04	40723	Esclim return
	(114 334)	04/22/04	40884	Midrin return
$	**(1,844,820)**	**Net due QK Healthcare**		
$	(10 177 549)	Inventory as of 04/29/2004		
$	418 501	less 14 072 ea Vaniqa returned re SkinMedica deal on 07/19/04 QKH was paid in full		
$	1 973 777	less product sold & returned from 07/29/04 thru 08/22/04		
$	**(7,785,271)**	**Inventory as of Aug 22 2004**		
$	**(9,630,091)**	**Total Liability to QK Healthcare, Inc**		

QK Healthcare Inc
Inventory of Women First products

				as of April 30 2004			add back April 30th sales		as of April 29 2004		Apr30 thru Aug22 2004		as of Aug 22 2004	
Mfg g	Item Description	Item#	UPC	Qty	Value	Unit cost	Qty	Value	Qty	Value	Qty sold	Qty returned	Qty	Value
WOMEN FIRS	BACTRIM DS 100 S	65151	64248011710	23 022	$ 2 468 189 00	$ 107 21	12	$ 1 286 52	23 034	$ 2 469 476	161	1 734	21 139	$ 2 266 313
WOMEN FIRS	BACTRIM TABS 100 S	72324	64248000410	1 682	$ 105 226 00	$ 62 56		$	1 682	$ 105 226	42		1 640	$ 102 598
WOMEN FIRS	EQUAGESIC 100 S	79645	64248009110	1 535	$ 127 328 00	$ 82 95	6	$ 497 70	1 541	$ 127 826	30	1 511		$
WOMEN FIRS	ESCLIM 0 025MG/DAY 8/BOX	75808	64248031001	15 462	$ 273 832 00	$ 17 71		$	15 462	$ 273 832		11 632	3 830	$ 67 829
WOMEN FIRS	ESCLIM 0 0375MG/DAY 8/BOX	75756	64248032001	16 904	$ 299 709 00	$ 17 73		$	16 904	$ 299 709	1 799		15 105	$ 267 813
WOMEN FIRS	ESCLIM 0 05MG/DAY 8 S	75738	64248033001	28 759	$ 529 166 00	$ 18 40	11	$ 202 40	28 770	$ 529 368	7 457	961	20 352	$ 374 477
WOMEN FIRS	ESCLIM 0 075MG/DAY 8 S	75680	64248034001	36 320	$ 666 834 00	$ 18 36		$	36 320	$ 666 834	1 181	18 200	16 939	$ 310 999
WOMEN FIRS	ESCLIM 0 1MG/DAY 8/BOX	75626	64248035001	12 220	$ 229 613 00	$ 18 79	16	$ 300 64	12 236	$ 229 914	3 700		8 536	$ 160 391
WOMEN FIRS	MIDRIN CAPS 100 S	79888	64248012010	13 675	$ 431 718 00	$ 31 57	24	$ 757 68	13 699	$ 432 476	4 970		8 729	$ 275 573
WOMEN FIRS	NITRA PH PAPER 1 ROLL	64789	64248020101	1 439	$ 27 773 00	$ 19 30		$	1 439	$ 27 773			1 439	$ 27 773
WOMEN FIRS	NITRA PH PAPER REFILL PACK	64788	64248020201	288	$ 18 870 00	$ 65 52		$	288	$ 18 870			288	$ 18 870
WOMEN FIRS	ORTHO EST 0 625MG TABS 100 S	78054	64248010101	66 448	$ 2 148 927 00	$ 32 34	3	$ 97 02	66 451	$ 2 149 024	230		66 221	$ 2 141 586
WOMEN FIRS	ORTHO EST 1 25MG TABS 100 S	78419	64248010201	17 709	$ 780 259 00	$ 44 06		$	17 709	$ 780 259	129		17 580	$ 774 575
WOMEN FIRS	SYNALGOS DC 100 S	79646	64248041910	4 039	$ 323 524 00	$ 80 10	13	$ 1 041 30	4 052	$ 324 565	363		3 689	$ 295 489
WOMEN FIRS	SYNALGOS DC PAINPAK 12 S (3/PK)	79486	64248041912	651	$ 9 199 00	$ 14 13		$	651	$ 9 199			651	$ 9 199
OVEN FIRS	VANIQA CR 13 9% 30GM	66890	64248015030	46 676	$ 1 312 059 00	$ 28 11	78	$ 2 192 57	46 754	$ 1 314 252	22 144		24 610	$ 691 785
WOMEN FIRS	VANIQA CR 13 9 % 30GM	75712	72150030	14 087	$ 418 947 00	$ 29 74		$	14,087	$ 418 947	15	14 072		$
Summary				**300 938**	**$ 10 172 574 00**		**163**	**$ 6 376**	**301,079**	**$ 10,177,549**	**42 221**	**48 110**	**210 748**	**7 785 271**

sold by item April 30 2004 only

	Qty	CGS
65151 BACTRIM DS 100 S	12	1 287
66890 VANIQA CR 13 9 ⁄₀ 30GM	78	2 193
75626 ESCLIM 0 1MG/DAY 8/BOX	16	301
75738 ESCLIM 0 05MG/DAY 8 S	11	203
78054 ORTHO EST 0 625MG TABS 100 S	3	92
79645 EQUAGESIC 100 S	6	498
79646 SYNALGOS DC 100 S	13	1 042
79888 MIDRIN CAPS 100 S	24	758
Summary	**163**	**6 374**

sold by item April 30 2004 thru Aug 22 2004

	Qty	CGS
65151 BACTRIM DS 100 S	161	17 227
66890 VANIQA CR 13 9 % 30GM	22 144	623 277
72324 BACTRIM TABS 100 S	42	2 601
75626 ESCLIM 0 1MG/DAY 8/BOX	3 700	69 552
75680 ESCLIM 0 075MG/DAY 8 S	1 181	21 683
75712 VANIQA CR 13 9 % 30GM	15	446
75738 ESCLIM 0 05MG/DAY 8 S	7 457	137 264
75756 ESCLIM 0 0375MG/DAY 8/BOX	1 799	31 904
78054 ORTHO EST 0 625MG TABS 100 S	230	7 422
78419 ORTHO EST 1 25MG TABS 100 S	129	5 687
79645 EQUAGESIC 100 S	30	2 489
79646 SYNALGOS DC 100 S	363	29 092
79888 MIDRIN CAPS 100 S	4 970	156 965
Summary	**42 221**	**1 105 609**

Returns by item April 30 2004 thru Aug 22 2004

	Qty	CGS	
65151 BACTRIM DS 100 S	1 734	185 902	
75680 ESCLIM 0 075MG/DAY 8 S	18 200	334 152	
75738 ESCLIM 0 05MG/DAY 8 S	961	17 682	
75808 ESCLIM 0 025MG/DAY 8/BOX	11 632	206 003	
79645 EQUAGESIC 100 S	1 511	125 337	
75712 VANIQA CR 13 9% 30GM	14 072	418 501	(SkinMedica deal QKH paid in full)
Summary	**48 110**	**1 287 578**	

Women First HealthCare, Inc.

WOMEN FIRST

CUSTOMER SERVICE PHONE. 888-850-2246
CUSTOMER SERVICE FAX: 888-850-2248

PLEASE REMIT TO

WOMEN FIRST HEALTHCARE, INC
ACCOUNTS RECEIVABLE
DEPARTMENT 2652
LOS ANGELES CA 90084-2652

P 05/12

HEALTHCARE INC
050 RINTH AVENUE
RONKONKOMA NY 11779

SHIP TO

RONKONKOMA

CONTACT
PHONE NBR

RGA NO RGC 04/946
FAX NBR

FREIGHT TERMS
PREPAID

C R E D I T M E M O

SHIPMENT NO	ENTERED BY		PAGE	INVOICE DATE M D Y
0038157-01 1	RAIRA	FOB SHIP POINT	1	05 04 04

CUSTOMER PURCHASE ORDER NO	TERMS	SHIP CUSTOMER NO	SOLD CUSTOMER NO.	TERRITORY	CARRIER	INVOICE NO.
4334466	CREDIT	QUA001	QUA001		WM UPS GROUND	0040602

PRODUCT CODE	LOT NUMBER/EXP DATE	DESCRIPTION AND SIZE	PKG SIZE	QTY ORD	QTY SHPD	UNIT PRICE	EXTENSION
001		ESCLIM 0.025MG/DAY	EA		7424	18.19	135113.32-CR
001		ESCLIM 0.050MG/DAY	EA		27192	18.54	503713.26-CR
001		ESCLIM 0.100MG DAY	EA	23300	23300	18.54	431982.00-CR
		RGA# 04-0466					
		MERCHANDISE TOTAL					$1070810.58 C
		TOT SHIPPED WEIGHT		260 LB	2084		

TOTAL $1070810.58 C

INITIAL DATE 05/10 | INITIAL ✓✓ DATE
BILLBACK | INVOICE VOUCHER # 1406
SHT DATE | CUE DATE
TERMS

V1406

DISTRIBUTION CENTER ADDRESS
3PL SCS
4728 SAN MARINO DR
RANCHO CUCAMONGA CA 91730

INVOICE

A 1

AUG 25 2004 10 51 FR QUALITY KING 6314392222 TO 912127528393

STRAIGHT BILL OF LADING ORIGINAL-NOT NEGOTIABLE

REF# 4334466-50

GSN TRUCKING INC
(CARRIER)

(DELIVERING CARRIER, IF DIFFERENT)

SHIPPER	CONSIGNEE	REFERENCE
QK HEALTHCARE INC 2060 9TH AVENUE (RX) RONKONKOMA NY 11779	UPS LOGISTICS GROUP '04 (888) 796-6361 11698 SAN MARINO RANCHO CUCAMONGA CA 91730 WFHC:RETURNS DEPT.	TRIP/SEQ: 62382-007 BOL#: 4334466 DRIVER: OBRIEN,MIKE DATE: 104/04/07 CUST: 999 SHIP TO: 1169 PRO: LOADER: SEAN

DELIVERY DATES
NOT EARLIER THAN:
NOT LATER THAN:

DIRECTIONS

HRS OF OPERATION:
CONTACT NAME:

CUST PO	INVOICE	DESCRIPTION	HM	CASES	WEIGHT	MESSAGE
WOMEN FIRS	1	TOTAL		581	4551	

LIST DETAILS OF ANY DISCREPANCIES BELOW

INVOICE	ITEM#	ITEM DESCRIPTION	CS-QTY	REASON / R.A.

17

MUST sign for CASES, Do NOT accept "subject to count" nor "said to contain" (STC)

Pallet Exchange Required

SIGNATURE	DATE	CASES	CORRECTED CASES	INIT	CHEP IN	PLTS IN	PLTS OUT
[signature]	4/13/04	581	0 19		0	7	0

Carrier agrees to carry to the usual place of delivery at destination above described property in apparent good order, marked, consigned, & destined as indicated It is mutually agreed each carrier of any or all of said property over any or all of route, that every service to be performed hereunder is subject to all terms and conditions of the Uniform Domestic Straight Bill of Lading. Shipper hereby certifies that he is familiar with all the terms&conditions of the bill of lading, set forth in the classification or tariff which governs transportation of this shipment & hereby agreed to by shipper & his assigns. Freight PrePaid By Shipper ...

K HEALTHCARE INC
60 9TH AVENUE
NKONKOMA, NY 11779
0207945

75KIDS

581CS

WEIGHT: 4551

DEBIT MEMO

REF# 4334466 PG 01

MAR 31 PM 2.19

APR 07 2004

6238

SOLD TO	SHIP TO	REFERENCE	
*****VENDOR RETURN*****	UPS LOGISTICS GROUP '04	INVOICE:	4334466-7 PG 1
*****VENDOR RETURN*****	(888) 950-2246	PO/DPT:	WOMEN FIRS
RONKONKOMA NY 11779	11698 SAN MARINO	DATE:	2/24/04
	RANCHO CUCAMONGA, CA 91730	SLS/(RT):	CORPORATE RX(S
DEA# RL0174704	WFHC:RETURNS DEPT.	TERMS:	A/P Contra Net
		ACCT:	00999/01169/00

ELIVERY DATES
OT EARLIER THAN: 2/24/04
OT LATER THAN:
HIPTO MESSAGE:

MESSAGES
RA#04-0460//OUTDATED//ACCT#QUA001//PER SAUNDRA P

VIA: RX
AR: LORRAINE SKALC
AR PHONE: (631) 439-2206
AR FAX: (631) 439-2133
AR EMAIL: LOR@QKRX COM

IN	QTY	UM	ITEM	DESCRIPTION	BIN	LOT	STOCK		CD	UPC/NDC
6	8400	EA	75738	ESCLIM 0.05MG/DAY 8'S	1 25-067-3	19228	033001	2004/03	WK NDC	424803
8	8400	EA	75738	ESCLIM 0.05MG/DAY 8'S	1 25-073-6	19227	033001	2004/03	WK NDC	424803
7	8400	EA	75738	ESCLIM 0.05MG/DAY 8'S	1 25-090-5	19227	033001	2004/03	WK NDC	424803
4	8360	EA	75738	ESCLIM 0 05MG/DAY 8'S	1 25-094-6	19227	033001	2004/03	WK NDC	424803
5	8400	EA	75738	ESCLIM 0.05MG/DAY 8'S	1 26-027-3	19228	033001	2004/03	WK NDC	424803
**	41960		75738	**** ITEM SUB TOTAL ****					18.40	772,064.0
1	7428	EA	75756	ESCLIM 0.0375MG/DAY 8/BOX	1 26-044-4	19242	032001	2004/03	WK NDC	424803
3	6500	EA	75738	ESCLIM 0.05MG/DAY 8'S	1 27-047-3	19228	033001	2004/03	WK NDC	424803
2	2009	EA	75738	ESCLIM 0.05MG/DAY 8'S	1 30-041-3	19227	033001	2004/03	WK NDC	424803
**	8509		75738	**** ITEM SUB TOTAL ****					18 40	156,565 6

2) RA# must be on ALL case(s)

TRUCK LOAD

TKS

APPROVED TO SHIP

age .	Totals Job Run		Parameters	Total Retail	Volume... Measurement	TOTAL	
78970M	CS SIOBHAN	PICKORIG N 10403311156	Q18	\$365233 67	23634LB 289.4850V	INVOICE	\$1,060,328.(
55.6PT 55.6CT	8PL	8CL 4334466			1575HWT	COST	

INVOICE CASE TOTAL

P 08/12 631439222 TO 912127528393 AUG 25 2004 10 52 FR QUALITY KING

Women First HealthCare, Inc.

MAY 18 2004

CUSTOMER SERVICE PHONE: 888-950-2246
CUSTOMER SERVICE FAX. 888-950-2248

PLEASE REMIT TO

WOMEN FIRST HEALTHCARE, INC.
ACCOUNTS RECEIVABLE
DEPARTMENT 2652
LOS ANGELES CA 90084-2652

HEALTHCARE INC
... NINTH AVENUE
RONKONKOMA NY 11779

SHIP TO

QK HEALTHCARE INC
2060 NINTH AVENUE
RONKONKOMA NY 11...

CONTACT
PHONE NBR

DEA NO RQK 07943
FAX NBR

FREIGHT TERMS: PREPAID

CREDIT MEMO

SHIPMENT NO	ENTERED BY		PAGE	INVOICE DATE M D Y
	RMIRANDA	LOB SHIP POINT	1	05 11 04

038489-01 1

PURCHASE ORDER NO	TERMS	SHIP CUSTOMER NO.	SOLD CUSTOMER NO	TERRITORY	CARRIER	INVOICE NO
1409053-7	CREDIT	QUA001	QUA001		WN - UPS GROUND	0040723

PRODUCT CODE	LOT NUMBER/EXP DATE	DESCRIPTION AND SIZE	PKG SIZE	QTY ORD	QTY. SHIPD.	UNIT PRICE	EXTENSION
11		ESCLIM 0 100MG DAY TRANS	EA	9600	9600	19.24	184723.24-CR
11		ESCLIM 0 100MG/DAY TRANS	EA	14534	14534	19.24	279614.92-CR
11		ESCLIM 0 100MG/DAY TRANS	EA	10108	10108	19.24	194477.92-CR
		RGA# 04-0515		34,242			
		MERCHANDISE TOTAL					$658816.08 CR
		TOT. SHIPPED DETAIL		34242	34242		

INITIAL ✓	DATE	INITIAL ✓✓	DATE
HB#		SB#	
BILLBACK POSTED VN# V#		INVOICE VOUCHER # 1912	
SHT DATED	OK	FRT	OK
TERMS		DUE DATE	

-15,408.90

5-26 emailed Glenn that credit arrived

TOTAL $658816.08 CR

DISTRIBUTION CENTER ADDRESS
SOS
.. SAN MARINO DR
CUCAMONGA CA 91730

INVOICE

(B1)

QK HEALTHCARE INC
2060 9TH AVENUE
RONKONKOMA, NY 11779
RQ0207945

6 SKIDS

172 cs

WEIGHT: 4451 (CD) 4123

DEBIT MEMO

REF# 4409553 PG 01

APR 22 AM11 18
62605

SOLD TO	SHIP TO	REFERENCE	
*****VENDOR RETURN*****	UPS LOGISTICS GROUP '04	INVOICE:	4409553-7 PG
*****VENDOR RETURN*****	(888) 796-6361	PO/DPT:	WOMEN FIRS
RONKONKOMA NY 11779	11698 SAN MARINO	DATE:	3/26/04
	RANCHO CUCAMONGA CA 91730	SLS/(RT):	CORPORATE RX
DEA# RL0174704 EXP 1050331	WFHC;RETURNS DEPT.	TERMS:	A/P Contra N(
		ACCT:	00999/01169/(
		VIA:	RX
		AR:	LORRAINE SKAI
		AR PHONE:	(631) 439-22C
		AR FAX:	(631) 439-213
		AR EMAIL:	LOR@QKRX.COM

DELIVERY DATES
NOT EARLIER THAN: 3/26/04
NOT LATER THAN:
SHIPTO MESSAGE:

MESSAGES
RA#04-0515//OUTDATED//ACCT#QUA001

LIN	QTY	UM	ITEM	DESCRIPTION		BIN	LOT	STOCK		CD	UPC/ND
5	2400	EA	75626	ESCLIM 0.1MG/DAY 8/BOX	1	21-064-5	19951	035001	2004/04	WK NDC	42480
11	4800	EA	75626	ESCLIM 0.1MG/DAY 8/BOX	1	22-063-6	19838	035001	2004/04	WK NDC	42480
12	4800	EA	75626	ESCLIM 0.1MG/DAY 8/BOX	1	23-077-8	19838	035001	2004/04	WK NDC	42480
9	4800	EA	75626	ESCLIM 0 1MG/DAY 8/BOX	1	25-004-6	19838	035001	2004/04	WK NDC	42480
8	4800	EA	75626	ESCLIM 0.1MG/DAY 8/BOX	1	25-048-4	19951	035001	2004/04	WK NDC	42480
7	4797	EA	75626	ESCLIM 0.1MG/DAY 8/BOX	1	27-012-4	19230	035001	2004/04	WK NDC	42480
6	2908	EA	75626	ESCLIM 0.1MG/DAY 8/BOX	1	30-021-4	19951	035001	2004/04	WK NDC	42480
10	4800	EA	75626	ESCLIM 0.1MG/DAY 8/BOX	1	58-020-6	19230	035001	2004/04	WK NDC	42480
4	130	EA	75626	ESCLIM 0.1MG/DAY 8/BOX	1	73-023-3	19838	035001	2004/04	WK NDC	42480
1	2	EA	75626	ESCLIM 0 1MG/DAY 8/BOX	1	99-106-4	19230	RET	2004/04	WK NDC	42480
3	3	EA	75626	ESCLIM 0 1MG/DAY 8/BOX	1	99-106-5	19838	RET	2004/04	WK NDC	42480
2	2	EA	75626	ESCLIM 0.1MG/DAY 8/BOX	1	99-107-4	19230	RET	2004/04	WK NDC	42480
**	34242		75626	**** ITEM SUB TOTAL ****						18 79	643,407.

RA# must be on ~~PL~~ TRUCKLOAD

~~CASES~~ TRUCKLOAD please!

APPROVED
TO SHIP

age . .Totals Job Run..	... ... Parameters	Total Retail	Volume . Measurement	TOTAL	
4242UM CS SIOBHAN	PRORRIG N 1040414 1454 R19	$424520 64	14120LB 85 5875V	INVOICE	$643,407 1
24.8PT 24.8CT 12PL 12CL 4409553			941HWT	COST	

INVOICE CASE TOTAL

Women First HealthCare, Inc.

CUSTOMER SERVICE PHONE: 888-950-2246
CUSTOMER SERVICE FAX: 888-959-2248

PLEASE REMIT TO:
WOMEN FIRST HEALTHCARE, INC.
ACCOUNTS RECEIVABLE
DEPARTMENT #652
LOS ANGELES CA 90084-2652

P 10/12

HEALTHCARE INC
NINTH AVENUE
RONKONKOMA NY 11779

SHIP TO

RONKONKOMA NY

CONTACT
PHONE NO.

DEA NO. [illegible]
FAX NBR

FREIGHT TERMS: PREPAID

CREDIT MEMO

SHIPMENT NO	ENTERED BY		PAGE	INVOICE DATE M	D	Y
	PILRANDO	LOS SHIP POINT	1	05	24	04

0038674

...ER PURCHASE ORDER NO.	TERMS	SHIP CUSTOMER NO.	SOLD CUSTOMER NO	TERRITORY	CARRIER	INVOICE NO
4453464-7	CREDIT	NUAC01	NUAC01		UM UPS GROUND	0040884

...ODUCT CODE	LOT NUMBER/EXP. DATE	DESCRIPTION AND SIZE	PKG. SIZE	QTY. ORD	QTY. SHPD	UNIT PRICE	EXTENSION
10	DEA SCHED	MISC EN ARBER GIFT CONTAINING 100 CAP-TFS IV CLASS 4 CONTROLLED RGA# C4-0574 MERCHANT AL OFFER		34	345	38 29	131935 44-CR
							$131935 44 CR

INITIAL ✓ | DATE | INITIAL | DATE
HB#
BB#
BILLBACK POSTED
VN#
V#
INVOICE VOUCHER # 1410
SHT DATE: OK
FRT OK
TERMS
DUE DATE

-22,155.60

TOTAL $131935.44 CR

...IBUTION CENTER ADDRESS
WOMEN FIRST HEALTHCARE, INC.
SLS
70 SAN MARINO DR

INVOICE

B3

AUG 25 2004 10 52 FR QUALITY KING 6314392222 TO 912127528393

QK HEALTHCARE INC
2060 9TH AVENUE
RONKONKOMA, NY 11779
RQ0207945

48cs

4/23

WEIGHT: 2017

DEBIT MEMO

REF# 4453464 PG 01

APR 22 AM 11:19

62605

SOLD TO	SHIP TO	REFERENCE	
*****VENDOR RETURN*****	UPS LOGISTICS GROUP '04	INVOICE	4453464-7 PG
*****VENDOR RETURN*****	(888) 796-6361	PO/DPT:	WOMEN FIRS
RONKONKOMA NY 11779	11698 SAN MARINO	DATE:	4/14/04
	RANCHO CUCAMONGA CA 91730	SLS/(RT):	CORPORATE RX
DEA# RL0174704 EXP 1050331	WFHC:RETURNS DEPT.	TERMS:	A/P Contra N
		ACCT:	00999/01169/(
		VIA:	RX

DELIVERY DATES
NOT EARLIER THAN: 4/14/04
NOT LATER THAN:
SHIPTO MESSAGE:

MESSAGES
RA#04-0534//OUTDATED//ACCT#QUA001//PER HALENA

AR: LORRAINE SKA
AR PHONE: (631) 439-22(
AR FAX: (631) 439-21.
AR EMAIL: LOR@QKRX.COM

LIN	QTY	UM	ITEM	DESCRIPTION	BIN	LOT	STOCK		CD	UPC/NI
2	2304	EA	79888	MIDRIN CAPS 100'S	1-27-311-6	G1975A	012010	2004/06	WK NDC	4248(
1	1148	EA	79888	MIDRIN CAPS 100'S	1 27-327-3	G1975A	012010	2004/06	WK NDC	4248(
**	3452		79888	**** ITEM SUB TOTAL ****						31 57 108,979

RA# MUST BE ON ALL CASES

48

TRUCK LOAD

CONTROL ORDER

APPROVED TO SHIP

Page ... Totals Job Run. . .	Parameters	Total Retail	Volume	..Measurement	TOTAL	
3452UM CS SIOBHAN PICKORIG N 1040422 1054 040		$68285 00	1815LB	23.8188V	INVOICE	$108,979
5.8PT 5.8CT 2PL 2CL 4453464			121HWT		COST	

INVOICE CASE TOTAL

STRAIGHT BILL OF LADING
ORIGINAL-NOT NEGOTIABLE

REF# 4409553-50

GSN TRUCKING INC
(CARRIER)

(DELIVERING CARRIER, IF DIFFERENT)

SHIPPER

QK HEALTHCARE INC
2060 9TH AVENUE (RX)
RONKONKOMA NY 11779

CONSIGNEE

UPS LOGISTICS GROUP '04 (888) 796-6361
11698 SAN MARINO
RANCHO CUCAMONGA CA 91730
WFHC:RETURNS DEPT.

REFERENCE

TRIP/SEQ: 62603-015
BOL#: 4409553
DRIVER: GREENE,BILL
DATE: 104/04/23
CUST: 999
SHIP TO: 1169
PRO:
LOADER: SEAN

DELIVERY DATES
NOT EARLIER THAN:
NOT LATER THAN:

DIRECTIONS

HRS OF OPERATION:
CONTACT NAME:

CUST PO	INVOICE	DESCRIPTION	HM	CASES	WEIGHT	MESSAGE
WOMEN FIRS	2	TOTAL		220	6468	

LIST DETAILS OF ANY DISCREPANCIES BELOW

INVOICE	ITEM#	ITEM DESCRIPTION	CS-QTY	REASON / R.A.

DS

SUBJECT TO COUNT AND INSPECTION

MUST sign for CASES. Do NOT accept "subject to count" nor "said to contain" (STC)

Pallet Exchange Requir

SIGNATURE	DATE	CASES	CORRECTED CASES	INIT	CHEP IN	PLTS IN	PI OU
[signature]	4/29/04	220				10 ~~7~~	C

Carrier agrees to carry to the usual place of delivery at destination above described property in apparent good order,ma consigned, & destined as indicated It is mutually agreed, each carrier of any or all of said property over any or all route, that every service to be performed hereunder is subject to all terms and conditions of the Uniform Domestic Stra. Bill of Lading Shipper hereby certifies that he is familiar with all the terms&conditions of the bill of lading, set f in the classification or tariff which governs transportation of this shipment & hereby agreed to by shipper & his assig

ANGEL & FRANKEL P C
ATTORNEYS AT LAW

460 PARK AVENUE
NEW YORK NEW YORK 10022 1906

TEL (212) 752 8000
FAX (212) 752 8393
WRITER S DIRECT E MAIL
jcymbler@angelfrankel com

JOSHUA J ANGEL
BRUCE FRANKEL
JOHN H DRUCKER
LAURENCE MAY
JEFFREY K CYMBLER

NEIL Y SIEGEL
LEONARD H GERSON
RICK A STEINBERG
ROCHELLE R WEISBURG
FREDERICK E SCHMIDT *
SETH F KORNBLUTH
MICHELE E COSENZA

ALSO ADMITTED IN DC
ALSO ADMITTED IN PA AND CT
ALSO ADMITTED IN NJ AND PA
ALSO ADMITTED IN CT

BRUCE FRANKEL (1949 2003)

OF COUNSEL
BONNIE L POLLACK

August 26, 2004

Via Federal Express and Express Mail

Women First HealthCare, Inc
c/o BMC Group, f/k/a Bankruptcy Management Corp
1330 East Franklin Avenue
El Segundo, CA 90245

Re Women First HealthCare, Inc
Case No 04-11278

Gentlemen

I am enclosing an original and one copy of a proof of claim to be filed in the above captioned chapter 11 proceeding Please date and time stamp the copy and return it to me in the enclosed self-addressed envelope

Very truly yours,

ANGEL & FRANKEL, P C

Jeffrey K Cymbler

Jeffrey K Cymbler

JKC dld
Enclosure