

United States Bankruptcy Court

District of Delaware

Name of Debtor

Women First Health Care, Inc

Case Number

04-11278 (MFW)

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☐ amendsa previously
field 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 \$7,785,271.00¹☒ 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 4/1/03 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

Date
8/25/04

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)

Dennis Barker, Senior Vice President

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FILED

AUG 27 2004

BMC

Women First Healthcare Inc



00130

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.

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

Value	WF ref#	
(860)	10/20/03	36237 Vaniqua 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 Vaniqua 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

OK Healthcare Inc
Inventory of Women First products

Mfg g	Item Description	Item#	UPC	as of April 30 2004			add back April 30th sales		as of April 29 2004		Apr30 thru Aug22 2004		as of Aug 22 2004	
				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		\$	15 482	\$ 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	\$ 529 186 00	\$ 18 40	11	\$ 202 40	28 770	\$ 529 388	7 457	961	20 352	\$ 374 477
WOMEN FIRS	ESCLIM 0 075MG/DAY 8 S	75680	64248034001	36 320	\$ 668 834 00	\$ 18 36		\$	36 320	\$ 668 834	1 181	18 200	16 939	\$ 310 999
WOMEN FIRS	ESCLIM 0 1MG/DAY 8/BOX	75628	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	\$ 324 585	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
WOMEN 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	\$ 10 177 649	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 VANIQ CR 13.9% 30GM	78	2 183
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 VANIQ 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 VANIQ 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	4 870	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 VANIQ CR 13.9% 30GM	14 072	418 501 (SkinMedica deal QKH paid in full)
Summary	48 110	1 287 578



888-850-2246
888-850-2248

HUMAN FIRST HEALTHCARE INC
 ACCOUNTS RECEIVABLE
 DEPARTMENT 2652
 LUN AND LES (PA 2008473652

PRE PAID

C O L U M B I A U N I V E R S I T Y

CONTRIBUTION CENTER ADDRESS

4 8 SAN MARTINO DE
NCHULLE(10000)

41

STRAIGHT BILL OF LADING ORIGINAL-NOT NEGOTIABLE



REF#

4334466-50

GSN TRUCKING INC
(CARRIER)

(DELIVERING CARRIER, IF DIFFERENT)

SHIPPER

OK HEALTHCARE INC

2060 9TH AVENUE
ROCKY HILL CT

(RX)
11779

CONSIGNEE

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

REFERENCE

TRIP/SEQ: 62382-007
BOL#: 4334466
DRIVER: O'BRIEN, MIKE
DATE: 104/04/07
CUST: 999
SHIP TO: 1169
PRO:
LOADER: SEAN

DELIVERY DATES

NOT EARLIER THAN:
NOT LATER THAN:

DIRECTIONS

IRS OF OPERATION:
CONTACT NAME:

INVOICE DESCRIPTION
1 TOTAL

EM CASES WEIGHT MESSAGE
581 4551

LIST DETAILS OF ANY DISCREPANCIES BELOW
INVOICE ITEM DESCRIPTION

CS-CTY

REASON / R.A.

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

Pallet Exchange Required

SIGNATURE

4/13/04

DATE

CASES

CORRECTED

CASES

INIT

CHEP

IN

PLTS

IN

PL

OUT

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

K HEALTHCARE INC

60 9TH AVENUE

ROCKY HILL, NY 11779

0207945

7SKIDS

581CS
WEIGHT: 4551

DEBIT MEMO



REF# 4334466 PG 01

MAR 31 PM 2:19

APR 07 2004

SOLD TO

*****VENDOR RETURN*****
*****VENDOR RETURN*****
ROCKY HILL NY 11779
DEAN PL0174704

SHIP TO

UPS LOGISTICS GROUP '04
(888) 950-2246
11698 SAN MARINO
RANCHO CUCAMONGA CA 91730
WFHC:RETURNS DEPT.

REFERENCE

INVOICE: 4334466-7 PG 1
PO/DPT: WOMEN FIRE
DATE: 2/24/04
SLS/(RT): CORPORATE RX(S)
TERMS: A/P Contra Net
ACCT: 00999/01169/00
VIA: RX
AR: LORRAINE SKALC
AR PHONE: (631) 439-2206
AR FAX: (631) 439-2133
AR EMAIL: LORRAINE.SKALC@NYC.COM

DELIVERY DATES

NOT EARLIER THAN: 2/24/04

NOT LATER THAN:

LIPTO MESSAGE:

MESSAGES

RA#04-0460//OUTDATED//ACCT#QUA001//PER SANDRA P

IN	QTY	UM	ITEM DESCRIPTION	BIN	LOT	STOCK	CD	UPC/MDX
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

RA# must be on ALL cases

TRUCK LOAD

APPROVED
TO SHIP

Age....	Totals Job Run.....	Parameters	Total Retail	Volume....	Measurement	TOTAL
78970M	CS SIOBHAN PICKORIG M 1040331	1156 Q18	\$365233.67	23634LB	289.4850V	INVOICE \$1,060,328.0
55.6PT	55.6CT	SPL BCL 4334466		1575HWT		COST

INVOICE CASE TOTAL



Women First HealthCare, Inc.

MAY 18 2004

CUSTOMER SERVICE PHONE
CUSTOMER SERVICE FAX

888-850-2246
888-850-2248

PLEASE REMIT TO

WOMEN FIRST HEALTHCARE, INC.
ACCOUNTS RECEIVABLE
DEPARTMENT 2602
LOS ANGELES CA 90094-2602

FREIGHT TERMS

PREPARE

CREDIT MEMO

WOMEN FIRST HEALTHCARE, INC.
10000 WILSON BLVD
LOS ANGELES, CA 90024

WOMEN FIRST HEALTHCARE, INC.
MAY 11/29

SHIP TO

WOMEN FIRST HEALTHCARE, INC.
2060 NINTH STREET

LOS ANGELES, CA 90094

CONTACT
PHONE NO.

DEPT. 2602
LOS ANGELES

0030485 011

PURCHASE ORDER NO 1409753-7		TERMS CREDIT	SHIP CUSTOMER NO. QUA001	SOLD CUSTOMER NO. RUG001	TERRITORY	CARRIER FM - UPS GROUND	INVOICE NO 0040723		
PRODUCT CODE	LOT NUMBER/EXP. DATE	DESCRIPTION AND SIZE			PKG SIZE	QTY ORD	QTY SHED	UNIT PRICE	EXTENSION
01		ESCLIM 0 100MG/DAY 14.10			10	400	960	19.24	184723.74-CR
01		ESCLIM 0 100MG/DAY 14.10			10	145	1450	19.24	279610.92-CR
01		ESCLIM 0 100MG/DAY 14.10			10	10108	10108	19.24	194477.92-CR
TOTAL 04-0515						34,242			6658813.00 CR
INITIAL ✓ DATE INITIAL ✓ DATE									
HB# BB#									
BILLBACK POSTED INVOICE VOUCHER #					1412				
BRT DATED OK FRT OK									
TERMS DUE DATE									
TOTAL						34,242	6658813.00	CR	

15,408.90
3-26
limited plan that
credit arrived

DISTRIBUTION CENTER ADDRESS

98 SAN MARINO DR
CHURCH ANDRICK CA 91730

(B1)

QK HEALTHCARE INC

2060 9TH AVENUE

ROCKY HILL, NY 11779

300207945

DEBIT MEMO



REF# 4409553 PG 01

APR 22 AM 11:18

62605

SOLD TO

*****VENDOR RETURN*****

*****VENDOR RETURN*****

ROCKY HILL NY 11779

DEAR EL0174704 EXP 1050331

SHIP TO

UPS LOGISTICS GROUP '04

(888) 796-6361

11698 SAN MARINO

RANCHO CUCAMONGA

CA 91730

WFHC:RETURNS DEPT.

REFERENCE

INVOICE: 4409553-7 PG

PO/DPT: WOMEN FIRM

DATE: 3/26/04

SLS/(RT): CORPORATE RX

TERMS: A/P Contra N

ACCT: 00999/01169/C

VIA: RX

AR: LORRAINE SKAI

AR PHONE: (631) 439-220

AR FAX: (631) 439-213

AR EMAIL: LOR@QKRX.COM

DELIVERY DATE

NOT EARLIER THAN: 3/26/04

NOT LATER THAN:

SHIP TO MESSAGE:

MESSAGES

RA#04-0515//OUTDATED//ACCT#QQA001

LN	QTY	UM	ITEM DESCRIPTION	BIN	LOT	STOCK	CD	UPC/EO	
5	2400	X	EA 75626 ESCLIN 0.1MG/DAY 8/BOX	1 21-064-5	19951	035001	2004/04	WK NDC 42480	
11	4800	X	EA 75626 ESCLIN 0.1MG/DAY 8/BOX	1 22-063-6	19838	035001	2004/04	WK NDC 42480	
12	4800	X	EA 75626 ESCLIN 0.1MG/DAY 8/BOX	1 23-077-8	19838	035001	2004/04	WK NDC 42480	
9	4800	X	EA 75626 ESCLIN 0.1MG/DAY 8/BOX	1 25-004-6	19838	035001	2004/04	WK NDC 42480	
8	4800	X	EA 75626 ESCLIN 0.1MG/DAY 8/BOX	1 25-048-4	19951	035001	2004/04	WK NDC 42480	
7	4797	X	EA 75626 ESCLIN 0.1MG/DAY 8/BOX	1 27-012-4	19230	035001	2004/04	WK NDC 42480	
6	2908	X	EA 75626 ESCLIN 0.1MG/DAY 8/BOX	1 30-021-4	19951	035001	2004/04	WK NDC 42480	
10	4800	X	EA 75626 ESCLIN 0.1MG/DAY 8/BOX	1 58-020-6	19230	035001	2004/04	WK NDC 42480	
4	130	X	EA 75626 ESCLIN 0.1MG/DAY 8/BOX	1 73-023-3	19838	035001	2004/04	WK NDC 42480	
1	2	X	EA 75626 ESCLIN 0.1MG/DAY 8/BOX	1 99-106-4	19230	RET	2004/04	WK NDC 42480	
3	3	X	EA 75626 ESCLIN 0.1MG/DAY 8/BOX	1 99-106-5	19838	RET	2004/04	WK NDC 42480	
2	2	X	EA 75626 ESCLIN 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 TRUCK LOAD

TRUCK LOAD please!

APPROVED
TO SHIP

age.....Totals Job Run.....Parameters Total Retail Volume.....Measurement TOTAL
4242UN CS STORHAN 1040414 1454 R19 \$424520 64 14120LB 85 5875V INVOICE \$643,407.1
24.SPT 24.BCT 12PL 4409553 941HRT COST

INVOICE CASE TOTAL



CUSTOMER SERVICE PHONE:
CUSTOMER SERVICE FAX:

888-950-2248
888-950-2248

DAVID HILLTOP INC
560 HUNTER AVENUE

NY 11, 79

Office 10

6/7 11/12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1041 1042 1043 104

US KUNGLIGA TEKNISKA HOGSKOLEN

(1) *Defining* $\mathcal{L}$
 (2) *Using* $\mathcal{L}$

100-19-0111 K660267 241
FAX 132k

PLEASE PERMIT TO:

UDEN R FIRST HEALTHCARE, INC.
ACCOUNTS RECEIVABLE
DEPARTMENT 2652
LOS ANGELES, CA 90064-1852

FREIGHT TERMS

PREPAID

U S F B I T A C E N T

[illegible]**DISTRIBUTION CENTER ADDRESS**

1) NOMIN - 1351 III 61, 1000 RF, 1000

343

TO SEN MARLIN, IN

INVOICE

(B3)

OK HEALTHCARE INC.

2060 9TH AVENUE

RONKONKOMA, NY 11779

RQ0207945

DEBIT MEMO

JMS

48cs

WEIGHT: 20 17



REF#

4453464 PG 01

APR 22 AM 11:19

62400

SOLD TO

*****VENDOR RETURN*****
*****VENDOR RETURN*****
ROMKONKOMA NY 11779
DEA# RL0174704 EXP 1050331

SHIP TO

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

REFERENCE

INVOICE: 4453464-7 PG
PO/DPT: WOMEN FIRST
DATE: 4/14/04
SLS/(RT): CORPORATE RX
TERMS: A/P Contra N.
ACCT: 00999/01169/
VIA: RX
AR: LORRAINE SKAJ
AR PHONE: (631) 439-221
AR FAX: (631) 439-21.
AR EMAIL: LOR@QKRX.COM

DELIVERY DATE

NOT EARLIER THAN: 4/14/04

NOT LATER THAN:

SHIPTO MESSAGE:

MESSAGES

KA#04-0534//OUTDATED//ACCT#QQA001//PER HALENA

LIN	QTY	LN	ITEM DESCRIPTION	BIN	LOT	STOCK	CD	UPC/M
2	2304	EA	79888 MIDRIN CAPS 100'S	1-27-311-6	G1975A	012010	2004/06	WK NDC 42480
1	1148	EA	79888 MIDRIN CAPS 100'S	1-27-327-3	G1975A	012010	2004/06	WK NDC 42480
** 3452 79888 **** ITEM SUB TOTAL ****								31.57 108,979.

RA# MUST BE ON

ALL CASES

TRUCK LOAD

CONTROL ORDER

APPROVED
TO SHIP

Page.....	Totals Job	Run.....	Parameters	Total Retail	Volume	Measurement	TOTAL
34520M	CS	BIOBAN	PICKORIG N 1040422 1054 040	\$68285.00	1815LB	23.818BV	INVOICE \$108,979.
5.BPT	5.BCT	2PL	2CL 4453464		121BPT		COST

INVOICE CASE TOTAL

STRAIGHT BILL OF LADING ORIGINAL-NOT NEGOTIABLE



REF# 4409553-50

GEN TRUCKING INC
(CARRIER)

(DELIVERING CARRIER, IF DIFFERENT)

SHIPPER

OK HEALTHCARE INC

1060 9TH AVENUE (RX)
ROCKY HILL CT 11779

CONSIGNEE

UPS LOGISTICS GROUP '04 (888) 796-6361
11698 SAN MARINO
RANCHO CUCAMONGA CA 91730
WHC: 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 DATE

NOT EARLIER THAN:
NOT LATER THAN:

DIRECTIONS

IRS OF OPERATION:
CONTACT NAME:

ITEM NO	INVOICE DESCRIPTION	IN CASES	WEIGHT	MESSAGE
1000000000	2 TOTAL	220	6466	

LIST DETAILS OF ANY DISCREPANCIES BELOW

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

15

SUBJECT TO COUNT
AND INSPECTION

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

Pallet Exchange Required

<u>Signature</u>	<u>4/29/04</u>	<u>220</u>	<u>INIT</u>	<u>CHEP</u>	<u>PLTS</u>	<u>PI</u>
	DATE	CASES	CORRECTED		IN	IN
		CASES				OU

Carrier agrees to carry to the usual place of delivery at destination above described property in apparent good order, as 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 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 assignee.

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

BRUCE FRANKEL (1949 2003)

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

August 26, 2004

OF COUNSEL
BONNIE L POLLACK

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

JKC dld
Enclosure