

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:
 06509442000251
LEVIN MARVIN I & JOANNE E JT TEN
861 CORBETT DR
PITTSBURGH PA 15234-1703
c/o Robert J. Colaizzi, Esq.
1016 Greentree Rd., #110
Pittsburgh PA 15220

Creditor Telephone Number () **412-922-9909**
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here replaces or amends a previously filed claim dated _____

BASIS FOR CLAIM
 Goods sold
 Services performed
 Money loaned
 Personal injury/wrongful death
 Taxes
 Other (describe briefly)
Shareholder

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)

DATE DEBT WAS INCURRED 1/17/2001

IF COURT JUDGMENT DATE OBTAINED

TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ 1,400.00 (unsecured)

\$ _____ (secured) \$ 1,400.00 (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.

6 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.

UNSECURED NONPRIORITY CLAIM \$ 1,400.00
 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.

CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
SUPPORTING DOCUMENTS. Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of billing 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.

D. 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.

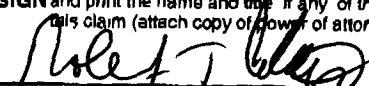
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4:00 pm, Eastern Time on August 31, 2004.

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 30 2004
BMC

DATE SIGNED
8/27/04

SIGN and print the name and title of the creditor or other person authorized to file this claim (attach copy of power of attorney if any).

Attorney Robert J. Colaizzi

COMMON STOCK

WF-0200

INCORPORATED UNDER THE LAWS OF DELAWARE

THIS CERTIFICATE IS TRANSFERABLE IN THE CITY OF BOSTON MA OR NEW YORK NY



0756 1300748616 4843

COMMON STOCK

100

SEE REVERSE FOR CERTAIN DEFINITIONS AND RESTRICTIONS

CUSIP 978150 10 0

LEVI WF 000200 1856 10 00001-2409 W627500

THIS CERTIFIES THAT

MARVIN I LEVIN &
JOANNE E LEVIN
JT TEN

*100*****
100***
100**
****100*****
*****100*****

IS THE OWNER OF

ONE HUNDRED

FULLY PAID AND NON ASSESSABLE SHARES OF COMMON STOCK \$ 001 PAR VALUE, OF

WOMEN FIRST HEALTHCARE, INC

transferable on the books of the Corporation by the holder hereof in person or by duly authorized attorney upon surrender of this Certificate properly endorsed This Certificate is not valid until countersigned by the Transfer Agent and registered by the Registrar

WITNESS the facsimile seal of the Corporation and the facsimile signatures of its duly authorized officers

Dated JAN 17 2001

Debra P Crawford

VICE PRESIDENT AND CHIEF FINANCIAL OFFICER



David Hale

PRESIDENT AND CHIEF EXECUTIVE OFFICER

AUTHORIZED SIGNATURE

[Signature]

TRANSFER AGENT AND REGISTRAR

BY

BANKBOSTON N.A.

COLAIZZI LAW FIRM, P.C.

Robert J Colaizzi, Esquire
1016 Greentree Road, Suite 110, Pittsburgh PA 15220
(412) 922-9909 • Fax (412) 922-6131

August 27, 2004

VIA OVERNIGHT 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 , Debtor
Bankruptcy Case Number 04-11278 (MFW)
Proof of Claim

To Whom It May Concern

Kindly file the enclosed Proof of Claim on behalf of my clients, Marvin I and Joanne E Levin Please return a time-stamped copy to me in the enclosed self-addressed, stamped envelope

Very truly yours,



Robert J Colaizzi

RJC/mt
Enclosures