

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.		☐ 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.	
Name of Creditor and Address 06509442000825 DAKOTA DRUG INC PO BOX 5009 MINOT ND 58702 5009		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 (701) 852-2141			
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR		Check here ☐ replaces or amends a previously filed claim dated _____ if this claim ☐	
1 BASIS FOR CLAIM ☐ Goods sold ☐ Personal injury/wrongful death ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a) ☐ Services performed ☐ Taxes ☐ Wages, salaries, and compensation (Fill out below) ☐ Money loaned ☒ Other (describe briefly) Last four digits of SS # _____ <u>Returns, Chargebacks</u> Unpaid compensation for services performed from _____ to _____ (date) (date)			
2 DATE DEBT WAS INCURRED 4/04 - 7/04		3 IF COURT JUDGMENT, DATE OBTAINED	
4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ 453.70 (unsecured)		\$ 453.70 (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 \$ 453.70 ☒ 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.		THIS SPACE FOR COURT USE ONLY	
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		FILED AUG 31 2004 BMC Women First Healthcare, Inc.	
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			
DATE SIGNED 8/30/04	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). James W. Edwards CFO		

RUN DATE 2004/08/26
TIME 14 43

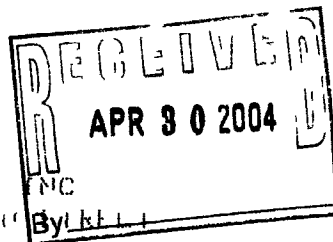
DAKOTA DRUG, INC
AP OPEN ITEM LISTING

PAGE 1
RPT ID VDKOAPOPNITMLIS QZS

VEND NO	CO ID	VENDOR NAME	LDGR	DUE DATE	TRAN P	REFERENCE NO	REFERENCE DATE	GROSS AMT	DISC AMT	NET AMT
WO518	1	WOMEN FIRST HEALTHCARE, INC	10800	2004/04/29	CM	DE00000	2004/03/16	-1,811 98	00	-1,811 98
			10800	2004/04/30	CM	0040320	2004/04/22	-486 72	00	-486 72
			10800	2004/04/30	CM	0040321	2004/04/22	-316 74	00	-316 74
			10800	2004/04/30	INVC	0039844	2004/03/31	558 40	11 17	547 23
			10800	2004/04/30	CM	0040298	2004/04/22	-104 17	00	-104 17
			10800	2004/05/10	CM	0040625	2004/05/04	-1,513 81	00	-1,513 81
			10800	2004/05/12	INVC	DE00000 DAWB	2004/03/16	-1,811 98	00	1,811 98
			10800	2004/06/01	CM	CB18094	2004/06/01	-953 92	00	-953 92
			10800	2004/06/18	CM	0041042	2004/06/10	-799 48	00	-799 48
			10800	2004/06/22	CM	0041031	2004/06/09	-31 25	00	-31 25
			10800	2004/06/24	INVC	0040933	2004/05/25	1,137 60	22 75	1,114 85
			10800	2004/06/24	INVC	0040931	2004/05/25	547 80	10 96	536 84
			10800	2004/07/01	CM	CB20092	2004/07/01	-855 60	00	-855 60
			10800	2004/07/04	INVC	0041021	2004/06/04	542 60	10 85	531 75
			10800	2004/07/14	INVC	0041062	2004/06/14	568 80	11 38	557 42
			10800	2004/07/19	CM	0041287	2004/07/12	-20 26	00	-20 26
			10800	2004/07/22	INVC	0041181	2004/06/22	1,659 20	33 18	1,626 02
			10800	2004/08/01	CM	CB21780	2004/08/01	-386 15	00	-386 15
OPEN ITEM GROSS TOTAL						-453 70				
GRAND TOTAL FOR COID 1						-453 70				



Women First HealthCare, Inc.



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

PLEASE REMIT TO

WOMEN FIRST HEALTHCARE, INC
ACCOUNTS RECEIVABLE
DEPARTMENT 2652

LOS ANGELES CA 90084-2652

CHARGEBACKS

FREIGHT TERM

PREPAID

TERMS: NET 30

SHIPMENT NO	ENTERED BY	PAGE	INVOICE DATED
	LOCALERO	1	4
	JOB SHIP POINT		

CUSTOMER PURCHASE ORDER NO	TERMS	SHIP CUSTOMER NO	SOLD CUSTOMER NO	TERRITORY	CARRIER	INVOICE NO
0038048-01	NET 30	00000	00000		WM - US FIRST	00000

PRODUCT CODE	LOT NUMBER/EXP DATE	DESCRIPTION AND SIZE	PKG SIZE	QTY ORD	QTY SHPD	UNIT PRICE	EXTENSION
1001		ESOLIN 0.0375MG DAY TABLET	EA	1	1	21.78	21.78
1002		ESOLIN 0.050MG DAY TABLET	EA	8	8	22.29	178.32
1003		MIDRIN AMBER BOTTLE	EA	2	2	50.55	101.10
		CONTAINING 100 CAPSULES					
1004	00A 50000	IV CLASS 4 CONTROLLED					
		MIDRIN AMBER BOTTLE	EA	1	1	50.55	50.55
		CONTAINING 100 CAPSULES					
1005	00A 50000	IV CLASS 4 CONTROLLED					
		ESOLIN 0.0375MG DAY TABLET	EA	3	3	21.50	64.50
1006		ESOLIN 0.050MG DAY TABLET	EA	2	2	22.91	45.82
1007		ESOLIN 0.050MG DAY TABLET	EA	3	3	22.29	66.87
		WHOLESALE TOTAL					448.52
		100 SHIPPED WEIGHT/WTY		103	20		

POSTED
APR 30 2004

TOTAL \$486.12

DISTRIBUTION CENTER ADDRESS

WOMEN FIRST HEALTHCARE, INC
1000 SAN MARINO BLVD
SUITE 200
CULVER CITY, CA 90230

INVOICE



888-950-2248
888-950-2248

WOMEN FIRST HEALTHCARE, INC.
ACCOUNTS RECEIVABLE
DEPARTMENT 7652

LOS ANGELES CA 90084 2811

CHARGEBACKS

FREIGHT TERM

1811-11-11

RECEIVED
APR 30 2004
JUN 11 2004
By _____

YAFUJA DRUG INC
PO BOX 10024

DAKOTA DRUG INC
8 NORTH MAIN STREET
P O BOX 5005

NOTES

NO 1,9707-1,004 (

МІНОР

NU 5870.2

119

UNITED
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DEAN NU FIDELITY
LAX RISK

DE 0038049-01 J

DE 0038040-01 1		SHIPMENT NO		ENTERED BY		LOCAL ORD		FEB SHIP POINT		PAGE		INVOICE D	
CUSTOMER PURCHASE ORDER NO		TERMS		SHIP CUSTOMER NO		SOLD CUSTOMER NO		TERRITORY		CARRIER		INVOICE NO	
0038040		CREDIT		00002		00001				DM JES TRUNTI		0040	
PRODUCT CODE		LOT NUMBER/EXP DATE		DESCRIPTION AND SIZE		PKG SIZE		QTY ORD		QTY SHPD		UNIT PRICE	
33001				ESULEM 0 070MO DAY TRADE		LA		5		5		22 20	
3001				ESULEM 0 10000 DAY TRADE		LA		5		5		22 20	
				MERCHANDISE TOTAL								4316	
				POSTED APR 30 2004									
				TOT SHIPPED WEIGHT/ QTY				20		14			
												TOTAL 4316 74	

DISTRIBUTION CENTER ADDRESS

PLAZO CAN MARINO DE
PAPULHUC ULTIMONIA

INVOICE



Women First HealthCare, Inc.

DAKOTA DRUG INC
PO BOX 5009

MINDI

NO 58702-5009

DAKOTA DRUG, INC
28 NORTH MAIN STREET
PO BOX 5009

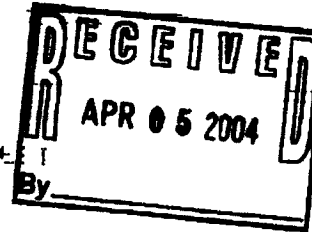
MINDI

CONTACT
PHONE NBR

NO 58/02

US

UCR NO R00246/21
FAX NBR



CUSTOMER SERVICE PHONE: 800-455-2266
CUSTOMER SERVICE FAX: 800-455-2266

PLEASE PRINT:

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

PAYMENT TERMS
PREPAID

3# 0037452-01-1

- 3# 0037452-01-1		SHIPMENT NO.		INVOICED BY		FOR SHIP POINT		PAGE		DATE	
CUSTOMER PURCHASE ORDER NO.		TERMS		SHIP CUSTOMER NO.		SHIP CUSTOMER NO.		1		03/31/04	
148144		2% 30 NET 31 DAYS		HAR002		HAR001					
PRODUCT CODE		LOT NUMBER/DATE		DESCRIPTION AND SIZE		PKG SIZE		QTY. ORD.		QTY. SHIP.	
43001		6H49		ESLLIM 0 050MG/DAY TRADE		FA		20		20	
*****		*****		EXPIRI DT 07/31/2005 LOT QTY.		20				27.92	
L010		DEA SCHED		PRODUCT BACKORDERED				12		0	
				MIDKIN AMBER BOTTLE						.00	
				IV CLASS 4 CONTROLLED							
				CONTAINING 100 CAPSULES							
				MERCHANDISE TOTAL							
										\$558.40	
				LOT SHIPPED WEIGHT/CTY		1.49		20			
										TOTAL \$558.40	

POSTED
APR 07 2004

DISTRIBUTION CENTER ADDRESS

70 WOMEN FIRST HEALTHCARE, INC
PO BOX
11.51 SAN MARINO NP
SANTA LUCAMONIA CA 91766

RI 0174704

INVOICE



Women First HealthCare, Inc.

CUSTOMER SERVICE PHONE: 800-888-2248
CUSTOMER SERVICE FAX: 800-888-2248

PLEASE REMIT TO:

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

DAKOTA DRUG INC
PO BOX 5009

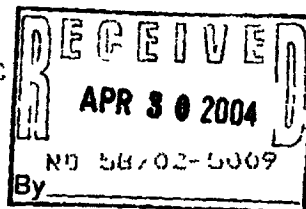
DAKOTA DRUG INC
PO BOX 5009

MINDT

NO 58702-5009

MINDT

CONTACT
PHONE NBR:



FREIGHT TERMS

PREPAID

TAX NBR:

40# 0038021-01-1

SHIPMENT NO.		ENTERED BY		PAGE		INVOICE DATE	
		RMIRANDA		1		04/22/04	
CUSTOMER PURCHASE ORDER NO.		TERMS		SHIP CUSTOMER NO.		SOLD CUSTOMER NO.	
RG GRX2491943		CRF011		DAK001		DAK001	
PRODUCT CODE		LOT NUMBER		DESCRIPTION AND SIZE		UNIT PRICE	
31001				ESCLIM 0 025MG/DAY TABLET		21.97	
001				ESCLIM 0.025MG/DAY TABLET		82.20	
				RGA# 04-0217			
				DAKOTA DRUG			
				MINDT NO 58702			
				MERCHANDISE TOTAL		1104.17	
				TOTAL SHIPPED WEIGHT/QT		35	
						5	
						TOTAL	
						1104.17	

POSTED
APR 30 2004

CUSTOMER CONTACT INFORMATION

UPS 505
11491 SAN MARINO DR
PANCHOCULAMONGA LA 91730

INVOICE



Women First HealthCare, Inc.

CUSTOMER SERVICE PHONE: 800-880-2248
CUSTOMER SERVICE FAX: 800-880-2248

PLEASE PRINT TO:

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

DAKOTA DRUG INC
PO BOX 5009

DAKOTA DRUG INC
PO BOX 5009

MINOT

NO 58702 5009

MINOT

NO 58702 5009

CONTACT
PHONE NBR

FAX NBR

PAYMENT TERMS

PREPAID

CREDIT MEMO

50# 0038781-01 1

SEGMENT NO.	ENTERED BY	PAGE	INVOICE DATE					
	RMIRANDA	1	05/04					
FOR SHIP POINT								
CUSTOMER PURCHASE ORDER NO.	TERMS	SHIP CUSTOMER NO.	SHIP CUSTOMER NO.					
PG 82080	CREDIT	DAK001	DAK001					
CARRIER		INVOICE NO.						
WM - UFS GROUND		0040625						
PRODUCT CODE	LOT NUMBER	DATE	DESCRIPTION AND SIZE	PKG SIZE	QTY ORD	QTY SHIPD	UNIT PRICE	EXTENSION
304 10			BACITRM 35 400MG/80MG	1A	12	12	73.08	876.96-CR
52001			FELIM 0 03/5MG/DAY TRADE	EA	7	7	24.40	170.80-CR
55001			ESCLIM 0 100MG/DAY TRADE	EA	16	16	22.80	364.80-CR
101 11			EST 625 100 5 75MG	EA	1	1	32.71	32.71-CR
1500-30			UNIQA (306 TUBE)	EA	2	2	34.27	68.54-CR
PGA# 04-0441								
DAKOTA DRUG								
MINOT NO 58702								
MERCHANTS TOTAL								
				101. SHIPPED WEIGHT/QTY				
				3 74 38				
				TOTAL \$1519.81				

POSTED
MAY 10 2004

RECEIVED
MAY 10 2004

Db 5200

UPS 505
1118 SAN MARINO DR
LANHESCAHONGA CA 91730

INVOICE

VENDOR 2232 WOMEN FIRST HEALTHCARE INC

PAYABLES WO518

TRNS	PC	D M NUMBER	D M DATE	D M AMOUNT	AMOUNT RECEIVED	BALANCE
------	----	---------------	----------	---------------	--------------------	---------

(NO)

AT

CB18094

2004/04/30

953 92

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953 92

953 92



Women First HealthCare, Inc.

DAKOTA DRUG INC
PO BOX 5009

DAKOTA DRUG INC.
PO BOX 5009

MINOT

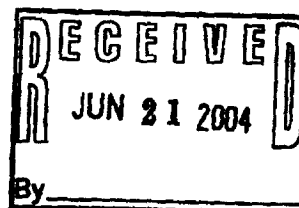
NO 58702-5009 U MINOT

NO 58702-1007

CONTACT
PHONE NBR.

FAX NBR

CUSTOMER SERVICE PHONE: 800-888-2246
CUSTOMER SERVICE FAX: 800-888-2246



PLACEMENT TEL:
WOMEN FIRST HEALTHCARE, INC.
ACCOUNTS RECEIVABLE
DEPARTMENT 2452
LOS ANGELES CA 90004-2652

PAYMENT TERMS

PREPAID

CREDIT MEMO

00# 0038860-01-1

REPORT NO.	ENTERED BY	PAGE	INVOICE NO.
	LCALDERO	1	061019
FROM ORDER NO.	SHIP ORDER NO.	SOLD ORDER NO.	ORDER NO.
4 NPR-VI 19004	DAK001	DAK001	0041031
TERM	SHIP METHOD	SHIP DATE	SHIP TIME
CREDIT	WM - UPS GROUND		
PRODUCT CODE	LOT/EXPIRATION DATE	DESCRIPTION AND SIZE	EXTENSION
500 30		VANILLA (30G 11.87) RGA# 804-0848 LIBERTY DRUG CO CHESTER MT 59522 MERCHANDISE TOTAL	31.25 71.25 \$31.25 LP
		101 SHIPPED WEIGHT/WAY	.10
TOTAL			\$31.25 CR

POSTED
JUN 22 2004

STATIONERY CENTER ADDRESS

PO BOX
1699 SAN MARINO CA
ANLHOLM MONROE (A 9173)

INVOICE



Women First HealthCare, Inc.

DAKOTA DRUG, INC.
PO BOX 5009

DAKOTA DRUG, INC.
28 NORTH MAIN STREET
P O BOX 5009

(INOT

NO 58702-5009 U MINUT

CONTACT
PHONE NBR.

NO 58702

RECEIVED
JUN 01 2004

QEA NO RD0246721
FAX NBR.

CUSTOMER SERVICE PHONE
CUSTOMER SERVICE FAX

800-855-2546
800-855-2546

WOMEN FIRST HEALTHCARE, INC.
ACCOUNTS RECEIVABLE
DEPARTMENT 2652

LOS ANGELES CA 90084-2652

PAYMENT TERMS
PREPAID

0038724-01-1

PRODUCT CODE	LOT NUMBER/EXP. DATE	DESCRIPTION AND QTY	UNIT PRICE	QTY. ORDERED	QTY. SHIPPED	UNIT PRICE	EXTENSION
4 00	1/034	***** PLEASE SHIP PER PAITI 5/25/04 ***** ECCIM 0 075MG/DAY TRADE EXP DT 07/31/2005 LOT QTY 1XP DT 09/30/2005 LOT QTY	FA 10	20	20	28.44	568.80
1001	17008	ECCIM 0 100MG/DAY TRADE EXP DT 08/31/2005 LOT QTY	FA 4	20	20	28.44	568.80
	17243	EXP DT 08/31/2005 LOT QTY MERCHANDISE TOTAL	FA 20				\$1137.60
		TOT SHIPPED WEIGHT/QTY		150.35	40		\$1137.60

TRANSITION CENTER ADDRESS

PS 500
91 SAN MARINO DR
ANCHUT CLAMORON CA 9173

INVOICE

POSTED
JUN 02 2004



Women First HealthCare, Inc.

DAKOTA DRUG INC
PO BOX 5009

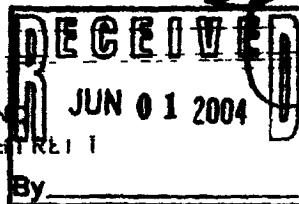
MINOT

NO 58702-5009

DAKOTA DRUG, INC
26 NORTH MAIN STREET
P O BOX 5009

MINOT

CONTACT
PHONE NBR



NO 58702

US

DEA NO R00246721
FAX NBR

CUSTOMER SERVICE PHONE:
CUSTOMER SERVICE FAX:

800-455-0110
800-455-0110

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

PREPAID TERMS

PREPAID

0038722-01

STOCK PURCHASE ORDER NO.	TERMS	SHIP CUSTOMER NO.	SHIP CUSTOMER NO.	CARRIER	INVOICE NO.		
149315	2% 30 NET 31	DAYS DAK002	DAK001	WM - UPS GROUND	0040931		
PRODUCT CODE	LOT/EXPIRATION DATE	DESCRIPTION AND QTY	PKG SIZE	QTY. ORD.	QTY. SHIP.	UNIT PRICE	EXTENSION
	2/5/09	***** PLEASE SHIP PER PATTI 5/25/04 ***** FSCPLM 0.03/5MG/DAY TRANS EXT MT 09/30/2005 LOT QTY MERCHANDISE TOTAL	LA 20	20	20	27.30	547.80
		101 SHIPPED WEIGHT/QT		1.36	20		
						** TOTAL	\$547.80

DISTRIBUTION CENTER ADDRESS

105 SCS
1628 SAN MARINO DR
RNL HUCHAMONGA CA 91730

INVOICE

POSTED
JUN 02 2004

PAYABLES WO518

D M	AMOUNT
AMOUNT	RECEIVED
855 60	00

BALANCE
855 60

855 60



Women First HealthCare, Inc.

CUSTOMER SERVICE PHONE: 888-888-2248
CUSTOMER SERVICE FAX: 888-888-2248

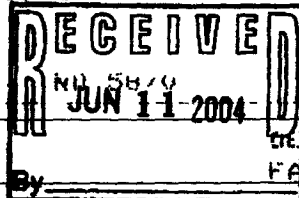
PLEASE REMIT TO:

WOMEN FIRST HEALTHCARE INC
ACCOUNTS RECEIVABLE
DEPARTMENT 2652

LOS ANGELES CA 90084-2652

DAKOTA DRUG INC
PO BOX 1009

DAKOTA DRUG, INC
2 NORTH MAIN STREET
PO BOX 1009



NOT

NE 56702-5009

MINUT

CONTACT
PHONE NBR.

DEA NO RUC 46721
FAX NBR

FREIGHT TERM

PREPAID

501 003610 01 1

SHIPMENT NO.		ENTERED BY		PAGE		INVOICE NO.	
		RMIRANDA		FOR SHIP POINT		10604	
CUSTOMER PURCHASE ORDER NO.		TERMS		SHIP CUSTOMER NO.		SHIP CUSTOMER NO.	
146910		1% 30 NET 31		DAYS DAKOTA		DAKOTA	
PRODUCT CODE		LOT NUMBER DATE		DESCRIPTION AND USE		UNIT PRICE	
1001				***** TO SHIP FOR PATTI 06/04/04 ***** ESCLIM 0.025MG DAY TRADE EXT DT: 01/31/2001 LOT WTY. MERCHANDISE TOTAL		27.13	
				TOT. SHIPPED WEIGHT/WTY.		1.30	
				TOTAL		\$542.60	

POSTED
JUN 14 2004

UPS 905
11498 SAN MARINO DR
PANCHOCUE MONROA LA 91730

INVOICE



MIND:

ND 56702-5009 U

DAKOTA DRUG INC
PO BOX 5009

MINDT

INITIAL
PHONE NBR

FAX NBR

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

PLEASE PRINT TO:

WOMEN FIRST HEALTHCARE, INC.
ACCOUNTS RECEIVABLE
DEPARTMENT 2452
LOS ANGELES CA 90084-2452

STUDENT TESTS

PREPAID

C R E D I T M E M O

70# 0037153-01-1

RI, NPR-VI 17435

TERMS
CREDIT

SHIP CUSTOMER NO. DAK003

DAK001

LICALDERO

FOB SHIP POINT

PAGE	EXPIRATION DATE		
	M	D	Y
1	07	12	04

FOIA b 7 - D

LOT NUMBER: DATE:

DESCRIPTION AND USE

附註

QTY. QTY.

CITY OF

UNIT PRICE

SECRET

25001

LSCLIM O LOOM/ DAY TRAIL
KGA# B04-0896
PRICE PHARMACY ROBERT BALDNER
LAUREL MT 59044

FA

20 26

20 26-CR

MERCHANDISE TOTAL

\$20.26 LP

POSTED
JUL 19 2004

quasi
1986

[illegible]

*4 TOTAL

\$20 26 CR

DISTRIBUTION CENTER ADDRESS

IP CP
1 98 SAN MARINO DR
ANCHUR IL 61810

INVOICE



Women First HealthCare, Inc.

DAKOTA DRUG, INC.
PO BOX 5009

DAKOTA DRUG, INC.
22 NORTH MAIN STREET
P O BOX 5009

GINOT

NO 58702-5009

MINOT

NO 58702

US

INITIAL
DATE NBR

UFA NO RD0246721
FAX NBR

CUSTOMER SERVICE PHONE:
CUSTOMER SERVICE FAX:
FORWARD TO:

800-888-2248
800-888-2248



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

TERMS

PREPAID

0# 0039035 01-1

WOMEN PURCHASE ORDER NO.	TERMS	SHIP CUSTOMER NO.	SHIP CUSTOMER NAME	SHIP TO	CARRIER	INVOICE NO.
52100	2% 30 NET 31	DAYS DAKOTA	DAKOTA		WM - UPS GROUND	0041191

PRODUCT CODE	LOT/MADE/EXP. DATE	DESCRIPTION AND SIZE	PKG. SIZE	QTY. ORD.	QTY. INFO	UNIT PRICE	EXTENSION
		***** PLEASE SHIP PER PATTI 05/22/04 *****					
1001	25597	ESCLIN 0 025MG/DAY TRADE EXP DT 07/31/2005 LOT WTY	1A 20	20	20	27.13	542.60
1001	25597	ESCLIN 0 025MG/DAY TRADE EXP DT 07/31/2005 LOT WTY	1A 20	20	20	27.13	547.60
5001	27243	ESCLIN 0 100MG/DAY TRADE EXP DT 07/31/2005 LOT WTY	1A 4	4	4	20.44	81.76
		EXP DT 08/31/2005 LOT WTY	16				
		MERCHANDISE TOTAL					11659.20
		SHIPPED WEIGHT/QT		3.41	60		

DISTRIBUTION CENTER ADDRESS

15 WLS
444 W. WARDEN DR
AN HARBOR

01/51/02

INVOICE

POSTED
JUN 30 2004

*1659.20

CHARGEBACK DEBIT MEMO POSTING REPORT

DATE 2004/07/31

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VENDOR 2232 WOMEN FIRST HEALTHCARE INC

PAYABLES NO518

TRNS	PC	D M	D M	DATE
(NO)	AT	NUMBER		
		CB21780		2004/06/30

D M	AMOUNT	AMOUNT
		RECEIVED
386	15	00

BALANCE
386 15

386 15