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

Name of Creditor and Address

06509442000825

DAKOTA DRUG INC
PO BOX 5009
MINOT ND 58702 5009

Creditor Telephone Number (701) 852-2141

☐ 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

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here if this claim ☐ 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) Returns, Chargebacks
☐ 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 _____ (date) to _____ (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	$	$	$ 453.70
(unsecured)	(secured)	(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

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 $ 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 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 4/1/07 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 31 2004
BMC
Women First Healthcare Inc
00154

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
James W. Edwards
CFO

Penalty for presenting fraudulent claim is a fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

DAKOTA DRUG, INC

AP OPEN ITEM LISTING

VEND NO	CO ID	VENDOR NAME	LDGR	DUE DATE	TRAN	R N P	REFERENCE NO	REFERENCE DATE	GROSS AMT	DISC AMT	NET AMT
WO518	1	WOMEN FIRST HEALTHCARE, INC	10800	2004/04/29	CM		[illegible]	2004/03/16	[illegible]	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		[illegible]	2004/03/16	[illegible]	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.

WOMEN FIRST

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

RECEIVED
APR 3 0 2004
By: [illegible]

PLEASE REMIT TO

WOMEN FIRST HEALTHCARE, INC
ACCOUNTS RECEIVABLE
DEPARTMENT 2652

LOS ANGELES CA 90084-2652

CHARGEBACKS

SOLD TO

DAKOTA DRUG INC
PO BOX 5009

MINOT ND 58702-5009 US

SHIP TO

DAKOTA DRUG INC
28 NORTH MAIN
P O BOX 5009

MINOT ND 58702 US

CONTACT
PHONE NBR

DEA NO RD0 46 [illegible]
FAX NBR

CREDIT MEMO

FREIGHT TERMS
PREPAID

SOP 00380048-01 L

SHIPMENT NO	ENTERED BY		PAGE	INVOICE DATE M D
	LCALDERO	FOB SHIP POINT	1	[illegible]

CUSTOMER PURCHASE ORDER NO	TERMS	SHIP CUSTOMER NO	SOLD CUSTOMER NO	TERRITORY	CARRIER	INVOICE NO
CR1A40[illegible]	CREDIT	DAKOO?	DAKOO1		WM - UPS GROUND	00305[illegible]

PRODUCT CODE	LOT NUMBER/EXP DATE	DESCRIPTION AND SIZE	PKG SIZE	QTY ORD	QTY SHPD	UNIT PRICE	EXTENSION
[illegible]001		ESCLIM 0.0375MG DAY TRANS	EA	1	1	21.76	[illegible]
[illegible]001		ESCLIM 0.050MG DAY TRANS	EA	8	8	22.29	178.3[illegible]
[illegible]		MIDRIN AMBER BOTTLE	EA	2	2	30.55	[illegible]
		CONTAINING 100 CAPSULES					
	DEA SCHED	IV CLASS 4 CONTROLLED					
[illegible]		MIDRIN AMBER BOTTLE	EA	1	1	30.55	30.55
		CONTAINING 100 CAPSULES					
	DEA SCHED	IV CLASS 4 CONTROLLED					
[illegible]001		ESCLIM 0.025MG/DAY TRANS	EA	3	3	21.50	64.50
[illegible]001		ESCLIM 0.100MG/DAY TRANS	EA	2	2	22.91	45.[illegible]
[illegible]001		ESCLIM 0.050MG/DAY TRANS	EA	3	3	22.29	[illegible]
		MERCHANDISE TOTAL					$485.[illegible]
		TOT SHIPPED WEIGHT/QTY		2.63	20		

POSTED
APR 3 0 2004

EA ** **TOTAL** $486.[illegible]

DISTRIBUTION CENTER ADDRESS
C/O WOMEN FIRST HEALTHCARE INC
[illegible]
11695 SAN MARINO DR
RANCHO CUCAMONGA CA 91730 [illegible]

INVOICE

WOMEN FIRST

Women First HealthCare, Inc.

CUSTOMER SERVICE PHONE. 888-960-2246
CUSTOMER SERVICE FAX. 888-960-2248

RECEIVED APR 30 2004 By

PLEASE REMIT TO.

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

CHARGEBACKS

SOLD TO

DAKOTA DRUG INC
PO BOX 5009
MINOT ND 58702-5009 US

SHIP TO

DAKOTA DRUG INC
8 NORTH MAIN STREET
P O BOX 5009
MINOT ND 58702 US

CONTACT
PHONE NBR

DEA NO
FAX NBR

FREIGHT TERM
FREIGHT

OE 0038049-OL 1

SHIPMENT NO	ENTERED BY		PAGE	INVOICE DATE
	LCALDERO	FOB SHIP POINT	1	04

CUSTOMER PURCHASE ORDER NO	TERMS	SHIP CUSTOMER NO	SOLD CUSTOMER NO	TERRITORY	CARRIER	INVOICE NO
[illegible]412404	CREDIT	DAK002	DAK001		UM UPS GROUND	0040

PRODUCT CODE	LOT NUMBER/EXP DATE	DESCRIPTION AND SIZE	PKG. SIZE	QTY ORD	QTY SHPD	UNIT PRICE	EXTENSION
33001		ESCLIM 0 050MG/DAY TRADE	EA	5	5	22 29	111 45
35001		ESCLIM 0 100MG DAY TRADE	EA	9	9	[illegible]	[illegible]
		MERCHANDISE TOTAL					$316 [illegible]
		TOT SHIPPED WEIGHT/QTY		0	14		

POSTED APR 30 2004

** TOTAL	$316 74

DISTRIBUTION CENTER ADDRESS
UPS SCS
11499 SAN MARINO DR
RANCHO CUCAMONGA CA 91730

INVOICE

Women First HealthCare, Inc.

WOMEN FIRST

DAKOTA DRUG INC
PO BOX 5009

MINOT ND 58702-5009 US

WOSK

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

MINOT ND 58702 US

CONTACT
PHONE NBR

RECEIVED
APR 05 2004
By

WOMEN FIRST HEALTHCARE, INC.
ACCOUNTS RECEIVABLE
DEPARTMENT 2652

LOS ANGELES CA 90084-2652

DEA NO BD0246721
FAX NBR

PREPAID

3# 0037452-01-1

CUSTOMER PURCHASE ORDER NO.	TERMS	SHIP CUSTOMER NO.	SOLD CUSTOMER NO.	TERRITORY	CARRIER	INVOICE NO.
145144	2% 30 NET 31 DAYS	DAK002	DAK001		WM - UPS GROUND	0039844

SHIPMENT NO. | ENTERED BY: RMIRANDA | FOB SHIP POINT | PAGE: 1 | SHIP DATE: M 03 D 31 Y 04

PRODUCT CODE	LOT NUMBER/EXP. DATE	DESCRIPTION AND SIZE	PKG. SIZE	QTY. ORD.	QTY. SHIP.	UNIT PRICE	EXTENSION
43001	6R49	ESCLIM 0 050MG/DAY TRADE	FA	20	20	27 92	558 40
		EXPIRE DT 07/31/2005 LOT QTY. 20					
42010		PRODUCT BACKORDERED		**********		**********	
	DEA SCHED	MIDKIN AMBER BOTTLE		12	0	.00	.00
		IV CLASS 4 CONTROLLED					
		CONTAINTNG 100 CAPSULES					
		MERCHANDISE TOTAL					$558 40
		TOT SHIPPED WLIGHT/QTY		1.49	20		

POSTED
APR 07 2004

DISTRIBUTION CENTER ADDRESS
C/O WOMEN FIRST HEALTHCARE, INC
PO BOX
[illegible] SAN MARINO DR
RANCHO CUCAMONGA CA [illegible] NI 0174704

TOTAL $558.40

INVOICE

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

SOLD TO:
DAKOTA DRUG INC
PO BOX 5009
MINOT ND 58702-5009

SHIP TO:
DAKOTA DRUG INC
PO BOX 5009
MINOT

RECEIVED
APR 30 2004
ND 58702-5009
By

CONTACT
PHONE NBR:
FAX NBR:

FREIGHT TERMS: PREPAID

SO# 0038021-01-1

SHIPMENT NO.	ENTERED BY		PAGE	INVOICE DATE M D
	RMIRANDA	FOB SHIP POINT	1	04 24

CUSTOMER PURCHASE ORDER NO.	TERMS	SHIP CUSTOMER NO.	SOLD CUSTOMER NO.	TERRITORY	CARRIER	INVOICE NO.
RG GRX2491943	CREDIT	DAKOOI	DAKOOI		UM - UPS GROUND	0040298

PRODUCT CODE	LOT NUMBER/EXP DATE	DESCRIPTION AND SIZE	PKG. SIZE	QTY. ORD.	QTY. SHPD.	UNIT PRICE	EXTENSION
31001		ESCLIM 0.025MG/DAY TRADE	EA	1	1	21.97	21.97-CR
OCT		ESCLIM 0.050MG/DAY TRADE	EA	4	4	20.55	82.20-CR
		RGA# 04-0217					
		DAKOTA DRUG					
		MINOT ND 58702					
		MERCHANDISE TOTAL					$104.17 CR
		TOT SHIPPED WEIGHT/QTY		35	5		

POSTED
APR 30 2004

TOTAL $104.17 CR

SHIP VIA:
UPS SUB
[illegible] SAN MARINO DR
RANCHO CUCAMONGA CA 91730

INVOICE

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

SOLD TO:
DAKOTA DRUG INC
PO BOX 5009
MINOT ND 58702 5009 US

SHIP TO:
DAKOTA DRUG INC
PO BOX 5009
MINOT ND 58702 5009

CONTACT
PHONE NBR
FAX NBR

C R E D I T M E M O

FREIGHT TERMS: PREPAID

SO# 0038781-01 1

SHIPMENT NO.	ENTERED BY		PAGE	INVOICE DATE M	D
	RMIRANDA	FOB SHIP POINT	1	05	04

CUSTOMER PURCHASE ORDER NO.	TERMS	SHIP CUSTOMER NO.	SOLD CUSTOMER NO.	TERRITORY	CARRIER	INVOICE NO.
PG 82080	CREDIT	DAK001	DAK001		UM - UPS GROUND	0040625

PRODUCT CODE	LOT NUMBER/EXP. DATE	DESCRIPTION AND SIZE	PKG. SIZE	QTY. ORD.	QTY SHPD.	UNIT PRICE	EXTENSION
304 10		BACTRIM DS 400MG/80MG	EA	12	12	73.08	876.96-CR
52001		ESCLIM 0.03/3MG/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 0		EST 0.5/0.100/0.5 /5MG	EA	1	1	32.71	32.71-CR
15004-30		VANIQA (.06 TUBE)	EA	2	2	34.27	68.54 CR
		PGA# 04-0441					
		DAKOTA DRUG					
		MINOT ND 58702					
		MERCHANDISE TOTAL					1513.81 CR

POSTED
MAY 10 2004

RECEIVED
MAY 10 2004
BY

DB 5200

TOT. SHIPPED WEIGHT/QTY: 3.74 38

** TOTAL 1513.81 CR

UPS SCS
2188 SAN MARINO DR
RANCHOCUCAMONGA 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	00	953 92
						953 92

Women First HealthCare, Inc.

WOMEN FIRST

RECEIVED JUN 21 2004 By________

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

PLEASE REMIT TO:
WOMEN FIRST HEALTHCARE, INC.
ACCOUNTS RECEIVABLE
DEPARTMENT 2452
LOS ANGELES CA 90084-2652

DAKOTA DRUG INC
PO BOX 5009
MINOT ND 58702-5009 US

DAKOTA DRUG INC
PO BOX 5009
MINOT ND 58702-5009

CONTACT
PHONE NBR. FAX NBR

FREIGHT TERMS: PREPAID

CREDIT MEMO

SHIPMENT NO.	ENTERED BY		PAGE	INVOICE DATE M D Y
	LCALDERO	FOB SHIP POINT	1	06 0? ?

PO# 0038860-01-1

CUSTOMER PURCHASE ORDER NO.	TERMS	SHIP CUSTOMER NO.	SOLD CUSTOMER NO.	TERRITORY	CARRIER	INVOICE NO.
? NPR-VI 19004	CREDIT	DAK001	DAK001		WM - UPS GROUND	0041031

PRODUCT CODE	LOT NUMBER/EXP. DATE	DESCRIPTION AND SIZE	PKG. SIZE	QTY. ORD.	QTY. SHPD.	UNIT PRICE	EXTENSION
500 30		VANIQA (30G 1LBS)	EA	1	1	31 25	31 25
		RGA# 804-0846					
		LIBERTY DRUG CO					
		CHESTER MT 59522					
		MERCHANDISE TOTAL					$31 25 CR
		101 SHIPPED WEIGHT/WGTY		.10	1-		

041106

041106
3063

POSTED JUN 22 2004

* ** **TOTAL** $31.25 CR

DISTRIBUTION CENTER ADDRESS
PS 509
1699 SAN MARINO CR
RANCHO CUCAMONGA CA 91730

INVOICE

Women First HealthCare, Inc.

DAKOTA DRUG INC
PO BOX 5009

(INOT ND 58702-5009 U

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

MINOT ND 58702

CONTACT:
PHONE NBR.

RECEIVED
JUN 01 2004

DEA NO RD0246721
FAX NBR.

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

FREIGHT TERMS: PREPAID

% 0038724-01-1

CUSTOMER PURCHASE ORDER NO.	TERMS	SHIP CUSTOMER NO.	SALES REPRESENTATIVE	SHIPPED VIA	CARRIER	PAGE	SHIPPED DATE M D Y	INVOICE NO.
E 24	2% 30 NLT 31	DAYS DAKOO2	DAKOO1	MIRANDA	FOB SHIP POINT UM - UPS GROUND	1	05 25 04	0040[illegible]3

PRODUCT CODE	LOT NUMBER/EXP. DATE	DESCRIPTION AND SIZE	PKG. SIZE	QTY. ORD.	QTY. SHPD.	UNIT PRICE	EXTENSION
		********** ********** **********					
		PLEASE SHIP PER PATTI 5/25/04					
		********** ********** **********					
1 01		ESCLIM 0 075MG/DAY TRADE	EA	20	20	28 44	568.80
	70J4	EXP DT 07/31/2005 LOT QTY	16				
	7010	EXP DT 09/30/2005 LOT QTY	4				
L001		ESCLIM 0 100MG/DAY TRADE	EA	20	20	28 44	568.80
	7243	EXP DT 08/31/2005 LOT QTY	20				
		MERCHANDISE TOTAL					$1137.60
		LOT SHIPPED WEIGHT/QTY		150 35	40		
							$1137.60

*

POSTED
JUN 02 2004

DISTRIBUTION CENTER ADDRESS
PS [illegible]
[illegible] SAN MARINO DR
RANCHO CUCAMONGA CA 9173[illegible]

INVOICE

Women First HealthCare, Inc.

RECEIVED
JUN 01 2004
By

DAKOTA DRUG INC
-O BOX 5009

MINOT ND 58702-5009 U

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

MINOT ND 58702 US

CONTACT
PHONE NBR

DEA NO RD0246721
FAX NBR

ACCOUNTS RECEIVABLE
DEPARTMENT 2652
LOS ANGELES CA 90084-2652

PREPAID

so# 0038722-01 J

CUSTOMER PURCHASE ORDER NO.	TERMS	SHIP CUSTOMER NO.	SHIP CUSTOMER REF. NO.	SALESPERSON	CARRIER	INVOICE NO.
149315	2% 30 NET 31	DAYS DAK002	DAK001		WM - UPS GROUND	0040931

SHIPMENT NO.	ENTERED BY		PAGE	SHIPPED DATE M D Y
	RMIRANDA	FOB SHIP POINT	1	05 25 04

PRODUCT CODE	LOT NUMBER/EXP. DATE	DESCRIPTION AND SIZE	PKG. SIZE	QTY. ORD.	QTY. SHPD.	UNIT PRICE	EXTENSION
		********** ********** **********					
		PLEASE SHIP PER PATTI 5/25/04					
		********** ********** **********					
J200 L	2/06	FSOLUM 0.03/5ML/DAY TRADE EXPIRY 09/30/2005 LOT QTY MERCHANDISE TOTAL	EA 20	20	20	27.39	547.80 $547.80
		TOT SHIPPED WEIGHT/QTY		1.36	20		
*						** TOTAL	$547.80

DISTRIBUTION CENTER ADDRESS
UPS SCS
1498 SAN MARINO DR
RANCHOCUCAMONGA CA 91730

INVOICE

POSTED
JUN 02 2004

VENDOR 2232 WOMEN FIRST HEALTHCARE INC PAYABLES WO518

TRNS (NO)	PC AT	D M NUMBER	D M DATE	D M AMOUNT	AMOUNT RECEIVED	BALANCE
		CB20092	2004/05/31	855 60	00	855 60
						855 60

Women First HealthCare, Inc.

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

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

SOLD TO:
DAKOTA DRUG INC
PO BOX 1009
NOT ND 58702-5009 US

SHIP TO:
DAKOTA DRUG, INC
2 NORTH MAIN STREET
P O BOX 5009
MINOT ND 58702 US
CONTACT
PHONE NBR.
FAX NBR

RECEIVED
JUN 11 2004
By

DEA NO RDD 4672?

FREIGHT TERMS: PREPAID

SHIPMENT NO.	ENTERED BY		PAGE	INVOICE DATE M D
	KMIRANDA	FOB SHIP POINT	1	06 04

SO# 00361 0 01 1

CUSTOMER PURCHASE ORDER NO.	TERMS	SHIP CUSTOMER NO.	SOLD CUSTOMER NO.	TERRITORY	CARRIER	INVOICE NO.
146910	2% 30 NET 31	DAYS DAKOO2	DAKO01		UPS UPS GROUND	00941 1

PRODUCT CODE	LOT NUMBER/EXP. DATE	DESCRIPTION AND SIZE	PKG. SIZE	QTY. ORD.	QTY SHPD.	UNIT PRICE	EXTENSION
		**********					
		TO SHIP FOR PATTI 06/04/04					
		**********					
IC31	A6B1	ESCLIM 0.025MG DAY TRADE	EA	20	20	27.13	542.60
		EXP DT: 01/31/200 LOT QTY.	20				
		MERCHANDISE TOTAL					$542.60

POSTED
JUN 14 2004

TOT. SHIPPED WEIGHT/QTY. 1.30 20

** TOTAL $542.60

UPS SCS
11698 SAN MARINO DR
RANCHO CUCAMONGA CA 91730

INVOICE

Women First HealthCare, Inc.

WOMEN FIRST

CUSTOMER SERVICE PHONE: 888-880-2246
CUSTOMER SERVICE FAX: 888-880-2246

REMIT TO:
WOMEN FIRST HEALTHCARE INC
ACCOUNTS RECEIVABLE
DEPARTMENT 2652
LOS ANGELES CA 90084-2652

RECEIVED
JUN 21 2004
By

DAKOTA DRUG INC
PO BOX 5009
MINOT ND 58702-5009 US

SHIP TO
DAKOTA DRUG, INC
28 NORTH MAIN STREET
P O BOX 5009
MINOT ND 58707 US
CONTACT
PHONE NBR
DEA NO RD0246721
FAX NBR

FREIGHT TERMS: PREPAID

POSTED
JUN 22 2004

SHIPMENT NO.	ENTERED BY		PAGE	INVOICE DATE M	D	Y
	LCALDERO	FOB SHIP POINT	1	06	14	04

CUSTOMER PURCHASE ORDER NO.	TERMS	SHIP CUSTOMER NO.	SOLD CUSTOMER NO.	TERRITORY	CARRIER	INVOICE NO.
15167O	2% 30 NET 31 DAYS	DAK002	DAK001		WM - UPS GROUND	0041062

PO# 0388

PRODUCT CODE	LOT NUMBER/EXP. DATE	DESCRIPTION AND SIZE	PKG. SIZE	QTY. ORD.	QTY. SHPD.	UNIT PRICE	EXTENSION
		************************************					
		PLEASE SHIP PER PATTI 06/14/04					
		************************************					
E901	030	ESCLIM 0 100MG/DAY TRADE	EA	20	20	28 44	568 80
		EXP DT 07/31/2005 LOT QTY:	20				
		MERCHANDISE TOTAL					$568 80
		TOT SHIPPED WEIGHT/QTY		.75	20		

** TOTAL $568.80

DISTRIBUTION CENTER ADDRESS
IFS 565
PR ON MARINO DR
RANCHOCUCAMONGA CA 91730

INVOICE

Women First HealthCare, Inc.

DAKOTA DRUG INC
PO BOX 5009

MINOT ND 58702-5009

DAKOTA DRUG INC
PO BOX 5009
MINOT

CONTACT
PHONE NBR

FAX NBR

RECEIVED
JUL 19 2004
By
ND 58702-5009

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

PLEASE REMIT TO:
WOMEN FIRST HEALTHCARE, INC.
ACCOUNTS RECEIVABLE
DEPARTMENT 2452
LOS ANGELES CA 90084-2652

CREDIT MEMO

FREIGHT TERMS: PREPAID

CM# 0039153-01-1

SHIPMENT NO.	ENTERED BY		PAGE	INVOICE DATE M D Y
	LCALDERO	FOB SHIP POINT	1	07 12 04

CUSTOMER PURCHASE ORDER NO.	TERMS	SHIP CUSTOMER NO.	SOLD CUSTOMER NO.	TERRITORY	CARRIER	INVOICE NO.
NO. NPR-VT 17435	CREDIT	DAK001	DAK001		WM - UPS GROUND	0041287

PRODUCT CODE	LOT NUMBER/EXP. DATE	DESCRIPTION AND SIZE	PKG. SIZE	QTY. ORD.	QTY. SHPD.	UNIT PRICE	EXTENSION
35001		LSCLIM 0 LOOMG/DAY TRAUE RGA# B04-0896 PRICE PHARMACY ROBERT BALDNER LAUREL MT 59044 635409	FA	1	1	20 26	20 26-CR
		MERCHANDISE TOTAL					$20.26 CR
		TOT SHIPPED WEIGHT/QTY		03	1-		

POSTED
JUL 19 2004

94287
1486

DISTRIBUTION CENTER ADDRESS
198 SAN MARINO DR
[illegible]

TOTAL $20 26 CR

INVOICE

Women First HealthCare, Inc.

WOMEN FIRST

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

RECEIVED
JUN 29 2004
By

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

DAKOTA DRUG INC
PO BOX 5009
MINOT ND 58702-5009 US

SHIP TO
DAKOTA DRUG, INC
28 NORTH MAIN STREET
P O BOX 5009
MINOT ND 58702 US
CONTACT
PHONE NBR
DEA NO RD0246721
FAX NBR:

FREIGHT TERMS
PREPAID

O# 0039035 01-1

SHIPMENT NO.	ENTERED BY		PAGE	INVOICE DATE M D Y
	LCALDERO	FOB SHIP POINT	1	06 22 04

CUSTOMER PURCHASE ORDER NO.	TERMS	SHIP CUSTOMER NO.	SOLD CUSTOMER NO.	TERRITORY	CARRIER	INVOICE NO.
52166	2% 30 NET 31	DAYS DAK001	DAK001		WM - UPS GROUND	0041181

PRODUCT CODE	LOT NUMBER/EXP. DATE	DESCRIPTION AND SIZE	PKG. SIZE	QTY. ORD.	QTY. SHPD.	UNIT PRICE	EXTENSION
		************************************					
		PLEASE SHIP PER PATTI 06 22/04					
		************************************					
1501		ESCLIM 0 025MG/DAY TRADE	CA	20	20	27 13	542 60
	25597	EXP DT 05/31/2005 LOT QTY	20				
2501		ESCLIM 0 0375MG DAY TRADE	CA	20	20	27 39	547.60
	27569	EXP DT 09/30/2005 LOT QTY	20				
5501		ESCLIM 0 100MG/DAY TRADE	CA	20	20	28 44	568 80
	27035	EXP DT 07/31/2005 LOT QTY	4				
	27243	EXP DT 06/31/2005 LOT QTY	16				
		MERCHANDISE TOTAL					$1659 20
		TOT SHIPPED WEIGHT/QTY		3 41	60		
*						TOTAL	$1659.20

POSTED
JUN 30 2004

DISTRIBUTION CENTER ADDRESS
ISG
[illegible] SAN MARINO DR
SAN BUENAVENTURA [illegible]

INVOICE

CHARGEBACK DEBIT MEMO POSTING REPORT DATE 2004/07/31 PAGE 21

VENDOR 2232 WOMEN FIRST HEALTHCARE INC PAYABLES WO518

TRNS (NO)	PC AT	D M NUMBER	D M DATE	D M AMOUNT	AMOUNT RECEIVED	BALANCE
		CB21780	2004/06/30	386 15	00	386 15
						386 15