

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.

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
**Philip A Basala DO
535 KLINK Hollow ROAD
ROCKWOOD PA 15557 USA**

06509442000888

Creditor Telephone Number **814 916-2985**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
OC8 913782120

Check here 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)
Stock

- 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

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED
\$ 2556.00 (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ 2556.00 (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 \$ 2556.00

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 or 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) (**Stock**)

*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 1/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 1/k/a Bankruptcy Management Corp
1330 East Franklin Ave
El Segundo CA 90245

DATE SIGNED
8/29/04

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)
Philip A Basala DO

THIS SPACE FOR COURT USE ONLY
FILED
AUG 31 2004
BMC
Women First Healthcare Inc
00158

07/21/04

NATIONAL FINANCIAL SERVICES LLC
ONE WORLD FINANCIAL TOWER
5TH FLOOR
200 LIBERTY STREET
NEW YORK NY 10281
PHILIP A BASALA DO
535 KLINK HOLLOW ROAD
ROCKWOOD PA 15557

U S BANKRUPTCY
SECURITY DESCRIPTION WOMEN FIRST HEALTHCARE INC
CUSIP# 978150100
ACCOUNT# 0C8913782120
QUANTITY 1 500

Dear Client

We have been requested to forward you the enclosed material. If you have any questions pertaining to this notice, please contact the attorneys as indicated in the material.

FOR INFORMATION CALL YOUR LOCAL BRANCH

JOB NUMBER E17479 808

CONTROL# 498132406916