

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

PROOF OF CLAIM

1988 230044

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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
**Maureen L Augustine TRUST
1191 LAKE AVE
AN ARRES MI 48703**

Creditor Telephone Number ()

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
166 14752

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)
 - 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 \$ _____ (unsecured) | \$ **5171.09** (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 | **500 sh**
 Other **WOMEN FIRST HEALTHCARE INC**

Value of Collateral: \$ **5171.09**

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)(5)
- 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 \$ _____

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.

BY MAIL TO:
Women First HealthCare, Inc.
c/o BMC Group /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 /k/a Bankruptcy Management Corp.
1330 East Franklin Ave.
El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY
FILED
AUG 31 2004
BMC

DATE SIGNED: **8/23/04**

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):
(X) MAUREEN L AUGUSTINE, TRUSTEE
Maureen L Augustine, Trustee

Women First Healthcare, Inc.
00161

Thursday, August 26, 2004

Account 16614752 AUGUSTINE,M (989)876-8167 6HN7725

Symbol Description	Curr Price	Current Value	Opening Trans Closing Trans	Trade Date	TD Qty	Price/Shr	Total Cost	G/L L/S Term	GNMAE Fac
PPL PPL CORPORATION	47 5	11,400 00	Exchange	12/05/2001	240	41 489549	9 957 49	1,442 51 Long Term	
PFE PFIZER INCORPORATED	31 91	7,977 50	Buy	05/05/2004	250	36 61	9 385 51	-1 408 01 Short Term	
SO SOUTHERN COMPANY	29 94	2 994 00	Spin Off	06/03/1997	100	13 2961	1,329 61	1 664 39 Long Term	
STTS STATS CHIPPAK LIMITED	6 65	2 314 20	Merger SPONSORED ADR (SINGAPORE)	10/11/2000	348	10 682988	3 717 68	-1 403 48 Long Term	
SUNW SUN MICROSYSTEMS INCORPORATED	3 79	3 032 00	Stock Split	01/09/1998	800	5 16125	4,129 00	-1,097 00 Long Term	
TWX TIME WARNER INCORPORATED	16 65	1 248 75	Exchange	10/11/2000	75	54 863333	4 114 75	-2,866 00 Long Term	
BUGS U S MICROBICS	0 032	32 00	Buy	01/31/2002	1,000	0 24	289 00	-257 00 Long Term	
BUGS U S MICROBICS	0 032	32 00	Buy	01/31/2002	1 000	0 24	241 00	-209 00 Long Term	
WFHCQ WOMEN FIRST HEALTHCARE	0 005	2 50	Buy	01/31/2002	500	10 05	5 171 09	-5 168 59 Long Term	

Cur Sec Value	Total Cost-Unreal	Total Cost-Real	Total Proceeds
101,401 18	79,866 40	0 00	0 00



Total Gain/Loss Unrealized	Short Term	Long Term	Total
	-1,408 01	-3 162 94	-4,570 95

Note If a gain/loss is not calculated for a taxlot the total cost and/or proceeds for the taxlot is not included in the account totals

Market valuations are based on information we believe to be accurate but accuracy can not be guaranteed Projected Annual income is an estimate only based on year-to-date information This schedule is not intended for tax legal or other non financial planning purposes and should not be relied upon by third parties The cost information provided is believed to be accurate but should not be used for tax reporting purposes