

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

PROOF OF CLAIM



YOUR CLAIM IS SCHEDULED AS

In re
**Women First HealthCare, Inc ,
Debtor**

Case Number
04-11278 (MFW)

s2998
\$5 000 00 Unsecured

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

The amounts reflected above constitute your claim as scheduled by the Debtor If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below

If the amounts shown above are listed as Contingent Unliquidated or Disputed, a proof of claim must be filed

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
06509440000161
SEMBER MICHAEL
348 LENNOX AVE
MENLO PARK CA 94025-3014
**15 FAIR OAKS LANE
ATHERTON CALIFORNIA 94027**

Creditor Telephone Number **(650) 853 0901**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here replaces
if this claim 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)
SEVERANCE AGREEMENT
- 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

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ 7,999 (unsecured)

3 IF COURT JUDGMENT, DATE OBTAINED

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 \$ 7,999
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 \$

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

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

DATE SIGNED
8/25/04

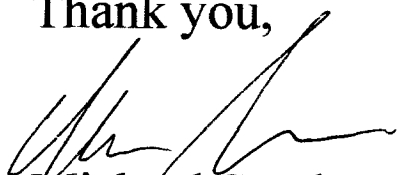
SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
Michael T...

RE: Proof of Claim
Michael Sember

Aug 29,2004

Attached is a copy of the severance agreement between me and Women First Healthcare. Paragraph 1.6 commits company to pay for relocation services in connection with the separation up to \$5000. Subsequent to this agreement, I and Women First were sued by Ace Relocation Systems. The claim covered payment for my move to San Diego, on behalf of Women First Healthcare, and for the shipment back. WFHC had apparently not paid for the initial shipment, which was separate from the amount stipulated in the separation agreement. After incurring extensive legal fees my attorney advised me to settle for the amount of \$7,999 I have done so. I believe that this is an amount that was the responsibility of WFHC.

Thank you,



Michael Sember

Sommers & Schwartz LLP
550 California Street
Sacramento Tower, Suite 700
San Francisco, CA 94104

Invoice submitted to

Mike Sember
1701 Jackson St
Suite 102
San Francisco CA 94109

August 10, 2004

Sember

Invoice #10660

Professional Services

	<u>Hrs/Rate</u>	<u>Amount</u>
7/1/2004 FFS Reserach regarding quantum meruit claim and adhesive contract issues	1 20 350 00/hr	420 00
For professional services rendered	1 20	\$420 00
Additional Charges		
8/10/2004 Settlement of case		7,999 00
Total costs		\$7,999 00
Total amount of this bill		\$8,419 00
Previous balance		\$1,593 62
8/9/2004 Credit		(\$1,000 00)
8/10/2004 Payment - Thank You		(\$7,000 00)
8/10/2004 Payment - Thank You		(\$1,593 62)
Balance due		\$419 00