

United States Bankruptcy Court		PROOF OF CLAIM
District of <u>DELAWARE</u>		
In re (Name of Debtor) WOMEN FIRST HEALTHCARE, INC		Case Number 04-11278 CH 11
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.		
In re (Name of Creditor) <i>(The person or other entity to whom the debtor owes money or property)</i> Name and Address Where Notices Should be Sent Tennessee Department of Revenue c/o Attorney General P O Box 20207 Nashville, TN 37202-0207 Telephone No (615) 741-7071		<input type="checkbox"/> Check box if you are aware that any one else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 13-3919601		Check box if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends _____
1 BASIS FOR CLAIM		
<input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <u>SAME</u> <input type="checkbox"/> Other (Describe briefly) _____		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ <div style="display: flex; justify-content: space-between;">(date)(date)</div>		
2 DATE DEBT WAS INCURRED		3 IF COURT JUDGMENT DATE OBTAINED
4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured nonpriority (2) Unsecured Priority (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.		
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest. Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) _____ Amount of arrearage and other charges at time case filed included in secured claim above if any \$ _____		<input type="checkbox"/> Wages, salaries, or commissions (up to \$4000) *earned not more than 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) <input type="checkbox"/> Contributions to an employee benefit plan — 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal family or household use — 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child — 11 U.S.C. § 507(a)(7) <input checked="" type="checkbox"/> Taxes or penalties of governmental units — 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other — Specify applicable paragraph of 11 U.S.C. § 507(a) _____ *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
<input type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ _____ A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.		
<input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM \$ <u>2,796.10</u> Specify the priority of the claim: _____		
5 TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED		
(Unsecured) \$ _____ (Secured) \$ _____ (Priority) \$ <u>2,796.10</u>		(Total) \$ <u>2,796.10</u>
<input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.		
6 CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
8 TIME-STAMPED COPY To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
DATE <u>08/17/2004</u> <u>#16288</u>	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) <u>Walter E Hoops</u>	

REC- SEP 02 2004

THIS SPACE IS FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571



U.S. FEDERAL BANCY COURT
 DISTRICT OF DELAWARE
 RECEIVED
 SEP 10 2004

PRE



LEGAL CLAIMS SUMMARY SHEET

WOMEN FIRST HEALTHCARE, INC. TAXPAYER'S NAME

BKR- DELAWARE TYPE & LOCATION OF COURT

BUSINESS NAME

04-11278 11 CASE NUMBER CHAPTER #

5355 MIRA SORRENTO PL STE 700 BUSINESS ADDRESS

APRIL 29, 2004 DATE PETITION FILED

SAN DIEGO CA 92121 CITY STATE ZIP

JUNE 4, 2004 1st CREDITORS MEETING

318181518 FRAN/EXC ACCOUNT NUMBER

BUSINESS CLOSURE DATE

13-3919601

Table with columns: MEMO #, PERIOD, YEAR, TAX, PENALTY (Late Charge, Ret Ck), INTEREST, TOTAL. Row 1: EA, 01-01, 2003, 2796.10, 2796.10.

TOTALS 2796.10 2796.10

RECAP

Audit Balance, Partial Pay Balance, No Remit Returns, Estimated Assessments 2796.10, Debit Memos, Returned Checks, GRAND TOTAL 2796.10

Non-claimable liability

TOTAL LIABILITY* 2796.10

*P & I Figured to 04/29/04

Sharon Graham Signature

August 17, 2004 Date

