


<b>UNITED STATES BANKRUPTCY COURT</b> DISTRICT OF DELAWARE		<b>PROOF OF CLAIM</b> Chapter 11	
In re <b>WOMEN FIRST HEALTHCARE INC</b>		Case Number <b>04-11278-MFW</b>	
AKA <b>HEALTHY LIVING FOR WOMEN INC</b>		Ssn <b>** - ***9601</b>	
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 sec 503			
Creditor Name American Express Travel Related		<input type="checkbox"/> Check if you are aware that anyone else has filed a proof of claim relating to your claim Attach a copy of statement giving particulars	
Name and Address Where Notices Should Be Sent American Express Travel Related Svcs Co Inc Corp Card c/o BECKET & LEE LLP Attorneys for Claimant P O BOX 3001 Malvern PA 19355-0701 Telephone (610) 644-7800		<input type="checkbox"/> Check if you have never received notices from the court in this case	
		<input checked="" type="checkbox"/> Check if this address differs from the address on the envelope sent to you by the court	
		THIS SPACE IS FOR COURT USE ONLY	
ACCOUNT NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR *****1001		<input type="checkbox"/> replaces Check if this claim <input checked="" type="checkbox"/> amends a previously filed claim dated <b>8-2-04</b>	
1 BASIS FOR CLAIM <input type="checkbox"/> Goods Sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 USC sec 1114(a) <input type="checkbox"/> Services Performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wage salary and commissions (Fill out below) <input type="checkbox"/> Money loaned <input checked="" type="checkbox"/> Other (Describe Briefly) CREDIT CARD DEBT		2 DATE DEBT INCURRED Various Transaction Dates	
		3 IF COURT JUDGMENT DATE OBTAINED None	
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)  Amount of arrearage and other charges included in secured claim if any \$ _____		<input type="checkbox"/> UNSECURED PRIORITY CLAIM - Specify the priority of the claim <input type="checkbox"/> Wages salaries or commissions (up to \$4300) earned not more than 90 days before filing of the bankruptcy petitions or cessation of the debtor s business whichever is earlier--11 USC 507 (a) (3) <input type="checkbox"/> Contributions to an employee benefit plan 11 USC 507 (a) (4) <input type="checkbox"/> Up to \$1950 deposits towards purchase lease or rental of property or services for personal use 11 USC 507 (a) (6) <input type="checkbox"/> Taxes or penalties of government units--11 USC 507 (a) (8) <input type="checkbox"/> Other--Specify applicable paragraph of 11 USC 507 (a) _____	
5 AMOUNT OF CLAIM AT TIME CASE FILED			
(Secured)	4552 43 (Unsecured Nonpriority)	(Unsecured Priority)	
<input type="checkbox"/> Check 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 Itemized monthly statements of account were mailed to the debtor pre-petition claimant maintains copies of said statements on microfilm or image processing and reproduction of same absent a dispute as to the balance would be unduly time consuming and burdensome nevertheless where an interested party so requests claimant will search its records to provide copies of said monthly accounts statements To request further documentation please call Becket & Lee LLP at 1-800-962-6030 and ask to speak to the Claims Servicing Supervisor Claim may include contractual interest and/or late charges			
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		<b>FILED</b> <b>SEP 08 2004</b> <b>BMC</b>  Women First Healthcare Inc  00173	
DATE 08/31/04	Sign and print name and title of creditor or person authorized to file this claim (attach copy of power of attorney if any)  Barbara K Hamilton Sarah E Pugh Rhonda E Rosenblum Becket and Lee LLP Attorneys/Agent for Creditor <b>Kenneth W. Kleppinger, Esq.</b>		



<b>COMPANY</b>	<b>WOMEN FIRST HEALTHCARE INC</b>	
<b>CONTROL NUMBER</b>	<b>XXXX-XXXXXX-X1007</b>	
<b>TODAYS DATE</b>	<b>August 31, 2004</b>	
<b>PETITION DATE</b>	<b>April 29, 2004</b>	
<b>POC BAR DATE</b>	<b>August 31, 2004</b>	
<b>NAME</b>	<b>ACCOUNT NUMBER</b>	<b>PETITION BALANCE</b>
Doranne R Franco		\$ -
Patti L Consilvio		\$ -
Ann M Grana		\$ -
Janice L Valdivia		\$ -
Misty Sandlin		\$ 136 16
Ginger L Moore		\$ 15 00
Shannon Lee Jenkins		\$ 4,401 27
Jill Champlin		\$ -
Kathleen J Merritt		\$ -
Justin Meloan		\$ -
Melissa V Johnson		\$ -
<b>TOTAL</b>		<b>\$ 4,552 43</b>

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SENDER'S EXT \_\_\_\_\_

□ ALSO MEMBER NJ BAR  
□ ALSO MEMBER FL BAR  
□ ALSO MEMBER CA BAR

TO: CLERK, U. S. BANKRUPTCY COURT

RE: PROOFS OF CLAIM

Enclosed please find Proofs of Claim for immediate filing

Please file stamp the extra copies provided and return them in the enclosed pre-addressed envelope(s).

The bankruptcy number, chapter and court location may be based upon information provided by the debtor or debtor's attorney by telephone notice. If there is an error(s) in the bankruptcy number, or other defect in the Proof of Claim, please return it in the envelope provided.

Please do not hesitate to telephone our office, collect, if we may assist you in the processing of these documents

Thank you for your courtesies.

Very truly yours,

BECKET & LEE LLP

BY:

  
Thomas A. Lee III

TAL/alf  
Enclosure(s)