

UNITED STATES BANKRUPTCY COURT DISTRICT OF DE

PROOF OF CLAIM

Name of Debtor **WOMEN FIRST HEALTHCARE, INC** Case Number **04-11278 DE**

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.

Name and address of Creditor (This person or other entity to whom the debtor owes money or property)  
**PENNSYLVANIA DEPARTMENT OF REVENUE**

Name and address where notices should be sent  
Pennsylvania Department of Revenue  
Commonwealth of Pennsylvania  
Bankruptcy Division  
Department 280946  
Harrisburg PA 17128-0496  
Telephone number (717) 783-8989

- 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 the address differs from the address on the envelope sent to you by the court.

REC'D SEP 09 2004

THIS SPACE FOR COURT USE ONLY

Account or other number by which identifies debtor  
EIN 133919601  
SSN

- Check here if this claim:
  - Replaces
  - Amends a previously filed claim dated

**1 Basis for Claim**

- Goods Sold
  - Services performed
  - Money loaned
  - Personal injury/wrongful death
  - Taxes
  - Other
  - Retiree benefits as defined in 11 U.S.C. §1114(a)
  - Wages, salaries and compensation (fill out below)
- Your SS# \_\_\_\_\_  
Unpaid compensation for services performed  
From \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

**2 Date debt was incurred** "See Attached"

**3 If court judgement, date obtained** "See Attached"

<b>4 Total Amount of Claim at Time Case Filed</b>	\$0.00 (unsecured)	\$0.00 (secured)	\$6,247.00 (priority)	\$6,247.00 (Total)
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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 \$ Unknown

Amount of arrearage and other charges at time case filed included in secured claim if any \$0.00

**6 Unsecured Nonpriority Claim** \$ 0.00

- 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.

**7 Unsecured Priority Claim**

- Check this box if you have an unsecured priority claim. Amount entitled to priority \$6,247.00. Specify the priority of the claim: \_\_\_\_\_
- Wages, salaries or commissions (up to \$4000) \* earned within 90 days before filing of the bankruptcy petition of 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 \$120\* of deposits toward purchase, lease or rental of property or services for personal, family or household use 11 U.S.C. § 507(a)(8)
- Alimony, maintenance or support owed to a 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 4/1/04 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.

**7 Credits** The amount of all payments on this claim has been credited and deducted for the purpose of making this claim.  
**8 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.  
**9 Date Stamped Copy** To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and a copy of this proof of claim.

Date: 9-2-04  
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):  
*Michelle B Jenkins*  
**Michelle B Jenkins, Chief**

THIS SPACE FOR COURT USE ONLY

RECEIVED  
SEP 7 10 21 AM '04  
CLERK OF DISTRICT COURT  
DELAWARE  
Women First Healthcare, Inc  
00175



Dawn Watts

**SUPPORTING DOCUMENTATION FOR  
TAXES DUE THE  
COMMONWEALTH OF  
PENNSYLVANIA  
DEPARTMENT OF REVENUE**

Original Claim  
 Amended Claim  
This claim supercedes all  
Previous claims filed  
Date Amended

**WOMEN FIRST HEALTHCARE, INC  
WOMEN FIRST HEALTHCARE, INC**

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE**

Petition Filing Date 04/29/2004  
Case Number 0411278 DE  
Chapter 11

The undersigned is an employee of the PA Department of Revenue and is authorized to make this proof of claim on the behalf of the Commonwealth At this present time of the filing of this proof of claim the Debtor was indebted to the Commonwealth in the

SUM OF **\$6,247 00** for the following

- State Sales, Use and Hotel Occupancy Tax, Article II, Tax Reform Code of 1971, as amended, 72 P S 7210
- Personal Income tax, Article III, Tax Reform Code of 1971, as amended, 72 P S 7301
- Employer Withholding Tax, Article IV, Tax Reform Code of 1971, as amended, 72 P S 7301
- Corporate Net Income Tax
- Capital Stock-Franchise Tax
- Corporate Loans Tax
- Other Foreign Franchise

**SECURED CLAIMS (Tax lien(s) filed before petition date)**

See attached statement of account detailing the liability

Total secured claim \_\_\_\_\_

Pursuant to Section 506(b) of the Bankruptcy Code, post petition interest may be payable

**ADMINISTRATIVE PRIORITY CLAIMS - Section 507(a)(1) of the Bankruptcy Code**

See attached statement of account detailing the liability

Total administrative \_\_\_\_\_

**UNSECURED PRIORITY CLAIMS - Section 507(a)(8) of the Bankruptcy code for unliened priority  
Liabilities existing before petition date.**

See attached statement of account detailing the liability

Total unsecured priority **\$6,247 00**

**UNSECURED NON-PRIORITY CLAIMS - unliened non-priority liabilities existing before the  
petition filing date.**

See attached statement of account detailing the liability

Total unsecured non-priority claim \_\_\_\_\_

All payments of this claim have been credited and deducted for the purpose of making this proof of claim

\_\_\_\_\_  
(Representative, Bureau of Compliance)



**BANKRUPTCY  
 STATEMENT OF ACCOUNT**

Pet Date 4/29/2004  
 Cause Number 0411278 DE  
 Chapter 11

Dawn Watts

WOMEN FIRST HEALTHCARE, INC  
 5355 MIRA SORRENTO PLACE  
 SAN DIEGO CA 92121

**Primary Tax Numbers**

Emp Identification Number 133919601  
 Sales Tax License Number 81208862  
 Social Security Number  
 Corp Tax Number 2102574  
 Other Number

Additional Debtors and/or Names SSN EIN

**Note**

TYPE OF CLAIM		UNSECURED PRIORITY	Tax Number: 2102-574				
TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
CT	<input checked="" type="checkbox"/>	12/31 2002 (02)	\$2 941 00	\$82 00	\$0 00	\$0 00	\$3 023 00
CT	<input checked="" type="checkbox"/>	12/31 2002 (03)	\$40 00	\$1 00	\$0 00	\$0 00	\$41 00
CT	<input checked="" type="checkbox"/>	12/31 2002 (04)	\$100 00	\$2 00	\$0 00	\$0 00	\$102 00
CT	<input checked="" type="checkbox"/>	12/31 2003 (02)	\$2 941 00	\$0 00	\$0 00	\$0 00	\$2 941 00
CT	<input checked="" type="checkbox"/>	12/31 2003 (03)	\$40 00	\$0 00	\$0 00	\$0 00	\$40 00
CT	<input checked="" type="checkbox"/>	12/31 2003 (04)	\$100 00	\$0 00	\$0 00	\$0 00	\$100 00
Lien Filing Date		County Lien Filed		Lien Docket Number			
<b>TOTAL</b>			\$6 162 00	\$85 00	\$0 00	\$0 00	\$6,247 00

**LEGEND**

ST = Sales Use and Hotel Occupancy Tax  
 CT = Corporation Tax  
 EMP = Employer Withholding  
 AN = Individual Income Tax  
 MT = Mass Transit  
 MC = Motor Carrier

LF = Liquid Fuels  
 OF = Oil Franchise  
 PTA = Public Transportation Assistance Act

Personal Income Tax Estimates Taxable income figures on which tax deficiency is based could be from information obtained from transcripts of filed IRS form 1040 Information can be mailed to debtor or debtor's counsel upon written request without the need for filing a formal objection An amended proof of claim may be filed upon the filing of a properly completed and signed PA-40 tax return

ALL LIENS FILED IN THE PROTHONOTARY OFFICE IN THE COUNTY INDICATED

ALL LIENS FILED IN THE COMMONWEALTH OF PENNSYLVANIA UNLESS INDICATED OTHERWISE

BUREAU OF COMPLIANCE  
DEPT 280946  
HARRISBURG PA 17128 0946

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF REVENUE



September 2 2004

DELAWARE (WIL) U S BANKRUPTCY COURT  
CLERK'S OFFICE - WILMINGTON DIV  
MARINE MIDLAND PLAZA  
824 MARKET STREET  
WILMINGTON, DELAWARE 19801

Case No 04-11278 DE  
WOMEN FIRST HEALTHCARE, INC

Dear Clerk of Courts

Enclosed is a Proof of Claim in the proceedings against the above reference bankruptcy filed on behalf of the Commonwealth of Pennsylvania, Department of Revenue, by the Bureau of Compliance This represents a claim in the sum of

**\$ 6,247.00**

Please stamp the acknowledgement, and enter our claim number in the appropriate spaces below Return the copy of this acknowledgement to this bureau in the enclosed pre-addressed envelope

Sincerely,

Pennsylvania Department of Revenue  
Bureau of Compliance  
(717) 783-0337  
TDD# (717) 772-2252 (Hearing Impaired Only)  
Fax (717) 783-4331

Enclosures

ACKNOWLEDGEMENT

CLAIM NUMBER

BUREAU OF COMPLIANCE  
DEPT 280946  
HARRISBURG PA 17128 0946

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF REVENUE



September 2 2004

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Enclosures

ACKNOWLEDGEMENT

CLAIM NUMBER

From Origin ID (302)658 9911  
sean boykevich  
PARCELS INC  
4 east 7th street

wilmington DE 19801

**FedEx**  
Express



CL8032404

Ship Date 08SEP04  
Actual Wgt 1 LB  
System# 5887796/INET1850  
Account# S \*\*\*\*

REF



Delivery Address Bar Code

AEC = 1 Fleming = 1  
WFHC = 1  
TOUCH = 1

SHIP TO (310)364 3170

BILL RECIPIENT

mj john  
bmc corp  
1330 east franklin avenue

el segundo, CA 90245

PRIORITY OVERNIGHT

THU

Deliver By  
09SEP04

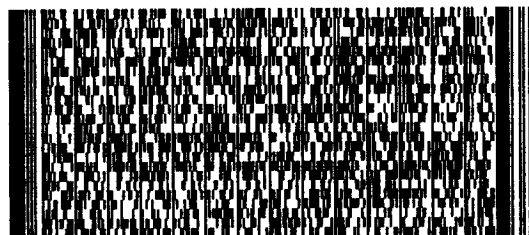
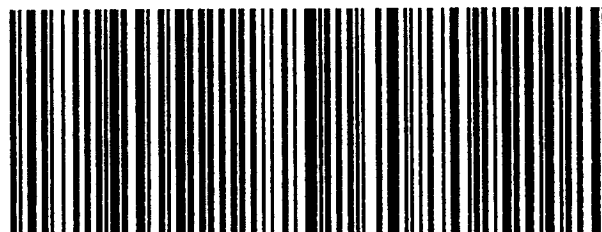
TRK# 7902 6487 0756

FORM  
0201

LAX A1

90245 -CA-US

**XH AVXA**



RECD  
SEP 09 2004  
BMC

**Express**

1 100 110100 010 1 01100