

UNITED STATES BANKRUPTCY COURT **PROOF OF CLAIM**

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.

Name of Creditor and Address
**SADA & ANTHONY A
MANISCALCO
P O BOX 8412
NAPLES, FL 34101** **NEW ADDRESS**

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

Creditor Telephone Number **239-580-9860**
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
229-084-453-022

Check here replaces or amends a previously filed claim dated _____ if this claim

1 BASIS FOR CLAIM
 Goods sold Personal injury/wrongful death Retiree benefits as defined in 11 U.S.C. § 1114(a)
 Services performed Taxes Wages, salaries, and compensation (Fill out below)
 Money loaned Other (describe briefly) **BOT SECURITIES** 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) \$ ~~550.00~~ **276.45** (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
 Other **SECURITIES**
Value of Collateral \$ ~~550.00~~ **276.45**
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)(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.

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 October 26, 2004 for Governmental Units.
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
SEP 13 2004
BMC

DATE SIGNED **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).
09/01/04
Sada Maniscalco

Women First Healthcare, Inc.
00176

UNREALIZED GAIN/LOSS
 Assets Not Held At A G Edwards
 As of 09/03/2004

SADA MANISCALCO &
 ANTHONY MANISCALCO
 JT TEN
 PO Box 8612
 Naples, FL 34101

Financial Consultant A G EDWARDS & SONS, INC
 (239) 642 6000
 (800) 237 2846

Quantity	Description	Open Date	Current Price	Current Value	Opening Price	Cost or Sale Proceeds	Unrealized Gain/(Loss)	Term Change
100	ALTEON INC	05/13/04	98	98 00	1 24	138 92	(40 92)	05/14/05 L
100	ALTEON INC	05/19/04	98	98 00	1 17	131 36	(33 36)	05/20/05 L
3	NOVASTAR FINANCIAL INC	05/28/04	42 42	127 26	37 95	127 96	(70)	05/29/05 L
2	NOVASTAR FINANCIAL INC	06/03/04	42 42	84 84	37 50	86 00	(1 16)	06/04/05 L
5	NOVASTAR FINANCIAL INC	06/14/04	42 42	212 10	34 98	193 89	18 21	06/15/05 L
→ 1 000	WOMEN FIRST HEALTHCARE INC	03/18/04	003	3 00	25	276 45	(273 45)	03/19/05 L
				UNREALIZED TOTALS	623 20	954 58	(331 38)	
							SHORT TERM	(331 38)

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