


UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>DELAWARE</u>		PROOF OF CLAIM
Name of Debtor <u>WOMEN FIRST HEALTHCARE, INC</u> <u>CH11</u>	Case Number 0411278	<p>SEP 02 2004</p> <p>THIS SPACE IS FOR COURT USE ONLY</p>
<p>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</p>		
Name of Creditor (The person or other entity to whom the debtor owes money or property) Mississippi State Tax Commission	<input type="checkbox"/> 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 <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 your by the court	
Name and address where notices should be sent Bankruptcy Section Mississippi State Tax Commission P O Box 23338 Jackson, MS 39225-3338 Telephone number _____	<input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____	
Account or other number by which creditor identifies debtor 133919601		
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 <input type="checkbox"/> Other _____	<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 SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2 Date debt was incurred 01/01/2003	3 If court judgment, date obtained	
4 Total Amount of Claim at Time Case Filed \$ <u>1,500.18</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below <input type="checkbox"/> 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 <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>\$0.00</u> Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any \$ _____	6 Unsecured Priority Claim <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>\$1,434.95</u> Specify the priority of the claim <input type="checkbox"/> Wages salaries or commissions (up to \$4000) *earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier <input type="checkbox"/> 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(4) Up to \$1,800* of deposits toward purchase lease or rental of property or services <input type="checkbox"/> 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) <input checked="" type="checkbox"/> Taxes or penalties owed to 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	
7 Credits. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		THIS SPACE IS FOR COURT USE ONLY 08/25/04 2,3 21#d 18... Women First Healthcare Inc  00182
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 acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		
Date <u>08/25/04</u>	Sign and print the name and title if any of the creditor or other person authorized to file the claim (attach copy of power of attorney if any) <u>Brenda J. Carter</u>	
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 153		

STATE TAX COMMISSION



JACKSON, MISSISSIPPI 39205

E. HIRIT A

UNSECURED PRIORITY CLAIM

TYPE	ACCT. NO	PERIOD	TAX	INTEREST	BASIS
FRAN	133919601	2003	1,204.50	127.45	MCA SEC. 27-13-1 ET SEQ
CO INC		2003	100.00	10.00	MCA SEC. 27-7-1 ET SEQ

GENERAL UNSECURED CLAIM

TYPE	ACCT. NO	PERIOD	TAX	PENALTY	INTEREST
FRAN	133919601	2003		60.23	
CO INC		2003		5.00	

SIGNATURE

DATE

Brenda J. Carter 08/25/2004

BRENDA J. CARTER
BANKRUPTCY ADMINISTRATOR
MISSISSIPPI STATE TAX COMMISSION
601/923-7393

Exhibit "A"

Joseph L. Blount, *Chairman
and Commissioner of Revenue*

Terry L. Jordan
Associate Commissioner

Donald L. Green
Associate Commissioner



MISSISSIPPI
STATE TAX COMMISSION

Corporate Tax Division
1577 Springridge Road
Raymond, Mississippi 39154

Post Office Box 1033
Jackson, Mississippi 39215-1033

Telephone 601-923-70
Fax 601-923-7094

August 2, 2004

WOMEN FIRST HEALTHCARE, INC
5355 MIRA SORRENTO PLACE
SUITE 700
SAN DIEGO, CA 92121

Account Number 13-3919601
Delinquent Period 2003
Tax Type Corporate
Response Time 30 days

Dear Taxpayer

The records of the commission do not show that you have filed a return nor paid tax for the period referred to above. Consequently, we are required by law to make an assessment for this period. The total due indicated below includes statutory damages.

Franchise Tax Due	1,204 50
Income Tax Due	100 00
Interest	130 45
Penalty	65 23
Total Due	<u>1,500 18</u>

This amount must be paid, or a return filed with payment of the total liability as computed on the return, within the response time indicated above. Your failure to do so will compel us to issue a warrant to effect its collection, which will necessitate additional damages and costs. We would like to avoid this action and save you this additional expense, if at all possible.

If you ever filed bankruptcy and have not received a discharge and your case has not been dismissed or closed and the indicated period is prior to your filing bankruptcy, or if the liability has been discharged in bankruptcy, this does not constitute an assessment or a demand for payment, but instead, a notice of tax deficiency. If this constitutes a notice of tax deficiency, you must contact your nearest Tax Commission office within ten (10) days.

Sincerely,

Joseph L. Blount, COMMISSIONER
Mississippi State Tax Commission
Refer Reply to Corporate Income & Franchise Tax Division
P O Box 1033
Jackson, MS 39215-1033
(601) 923-7099

YOUNG CONAWAY STARGATT & TAYLOR, LLP

BRUCE M STARGATT
BEN T CASTLE
SHELDON N SANDLER
RICHARD A LEVINE
RICHARD A ZAPPA
FREDERICK W IOBST
RICHARD H MORSE
DAVID C MCBRIDE
JOSEPH M NICHOLSON
CRAIG A KARSNITZ
BARRY M WILLOUGHBY
JOSY W INGERSOLL
ANTHONY G FLYNN
JEROME K GROSSMAN
EUGENE A DIPRINZIO
JAMES L PATTON JR
ROBERT L THOMAS
WILLIAM D JOHNSTON
TIMOTHY J SNYDER
BRUCE L SILVERSTEIN
WILLIAM W BOWSER
LARRY J TARABICOS
RICHARD A DILIBERTO JR
MELANIE K SHARP
CASSANDRA F ROBERTS
RICHARD J A POPPER
TERESA A CHEEK
NEILLI MULLEN WALSH
JANET Z CHARLTON
ROBERT S BRADY
JOEL A WAITE
BRENT C SHAFFER
DANIEL P JOHNSON
CRAIG D GREAR
TIMOTHY JAY HOUSEAL
BRENDAN LINEHAN SHANNON
MARTIN S LESSNER
PAULINE K MORGAN
C BARR FLINN
NATALIE WOLF
LISA B GOODMAN
JOHN W SHAW
JAMES P HUGHES JR
EDWIN J HARRON
MICHAEL R NESTOR

MAUREEND LUKE
ROLIN P BISSELL
MATTHEW P DENN
SCOTT A HOLT
JOHN T DORSEY

ATHANASIOS E AGELAKOPOULOS
JOSEPH M BARRY
KEVIN M BAIRD
SEAN M BEACH
TIMOTHY P CAIRNS
M BLAKE CLEARLY
CURTIS J CROWTHER
ERIN EDWARDS
IAN S FREDRICKS (NJ & PA ONLY)
DANIELLE GIBBS
SEAN T GREECHER
KARA S HAMMOND
DAWN M JONES
RICHARD S JULIE (NY ONLY)
KAREN E KELLER
JENNIFER M KINKUS
EDWARD J KOSMOWSKI
JOHN C KUFFEL (MD ONLY)
TIMOTHY E LENGKEEK
MATTHEW B LUNN
JOSEPH A MALFITANO
GLENN C MANDALAS
ADRIA B MARTINELLI
MATTHEW B MCGUIRE
MARIBETH L MINELLA
EDMON L MORTON
JENNIFER R NOEL
JOHN J PASCHETTO
ADAM W POFF
SETH J REIDENBERG
SARA BETH A REYBURN
FRANCIS J SCHANNE
MICHAEL P STAFFORD
JOHN E TRACEY
ALFRED VILLOCH, III
CHRISTIAN DOUGLAS WRIGHT
SHARON M ZIEG

THE BRANDYWINE BUILDING
1000 WEST STREET, 17TH FLOOR
WILMINGTON, DELAWARE 19801

P O BOX 391
WILMINGTON, DELAWARE 19899-0391

(302) 571 6600
(800) 253 2234 (DE ONLY)
FAX (302) 571 1253

WRITER'S DIRECT DIAL NUMBERS
VOICE (302) 576 2603
FAX (302) 576 3337

E-MAIL msmit@vcst.com

September 1, 2004

H ALBERT YOUNG
1929 1982
H JAMES CONAWAY JR
1947 1990

WILLIAM F TAYLOR
STUART B YOUNG
EDWARD B MAXWELL 2ND
SHELDON A WEINSTEIN
OF COUNSEL

JOHN D MCLAUGHLIN JR
SPECIAL COUNSEL

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110 WEST PINE STREET
P O BOX 594
GEORGETOWN DELAWARE 19947
(302) 856-3571
(800) 255 2234 (DE ONLY)
FAX (302) 856-9338

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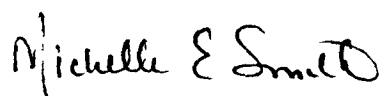
James M Bartlett
BMC Group
1330 E Franklin Avenue
El Segundo, CA 90245

Re Women First Healthcare, Case No 04-11278
Proof of Claim

Dear James

Enclosed is the proof of claim of the Mississippi State Tax Commission Please date it as being received on August 31, 2004 at 9 00 a m

Sincerely,



Michelle Smith
Bankruptcy Paralegal

ms
Enclosure

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

wilmington DE 19801

FedEx
Express



CL6032404

Ship Date 01SEP04
Actual Wgt 1 LB
System# 5887796/INET1850
Account# S

REF



Delivery Address Bar Code

SHIP TO (310)364 3170 BILL RECIPIENT

mj john
bmc corp
1330 east franklin avenue

el segundo, CA 90245

PRIORITY OVERNIGHT

THU

Deliver By
02SEP04

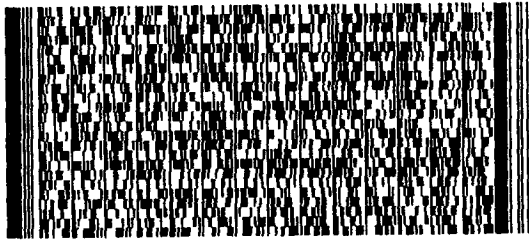
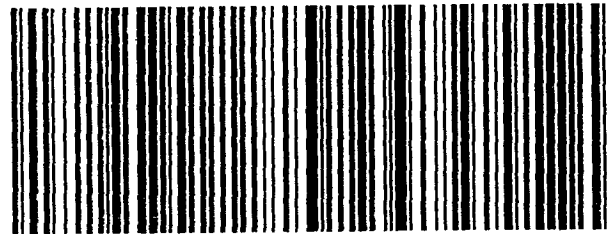
TRK# 7902 5895 1151

FORM
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SEP 02 2004
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