
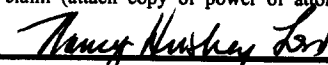


UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>Delaware</u>		PROOF OF CLAIM
Name of Debtor Women First Healthcare, Inc		Case Number 04-11278(MFW)
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		
Name of Creditor (The person or other entity to whom the debtor owes money or property) New York State Department of Health		<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 checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent New York State Office of the Attorney General Civil Recoveries Bureau / Attn Nancy Hershey Lord The Capitol Albany NY 12224 Telephone number (518) 473-6992		
Account or other number by which creditor identifies debtor		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated _____
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 type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>NYS EPIC Program Rebates</u> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS # _____ Unpaid compensation for services performed from _____ to _____ <div style="text-align: center;">(date) (date)</div>		
2 Date debt was incurred 11/17/03 and 2/17/04		3 If court judgment, date obtained
4 Total Amount of Claim at Time Case Filed \$ <u>2,706 18</u> (unsecured) _____ (secured) _____ (priority) _____ \$2,706 18 (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 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 \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____		7 Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650)* 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) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$2,100* 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 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 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
6 Unsecured Nonpriority Claim \$ <u>2,706 18</u> <input checked="" type="checkbox"/> 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.		THIS SPACE IS FOR COURT USE ONLY FILED OCT 22 2004 BMC Women First Healthcare, Inc  00194
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 the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date 10/15/04	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) Nancy Hershey Lord 	

DATE 11/17/2003
 TIME 23 29 52

NEW YORK STATE EPIC PROGRAM
 MANUFACTURERS REBATE INVOICE
 ORIGINAL INVOICE FOR THE YEAR 2003 QUARTER 3

 * PLEASE MAKE CHECK PAYABLE TO NYS EPIC PROGRAM *
 * AND REMIT PAYMENT TO *

 * NYS EPIC PROGRAM *
 * P O BOX 15092 *
 * ALBANY, NY 12212-5092 *

Women's First Healthcare Inc
 5355 Mira Sorrento Place Suite 700
 San Diego CA 92121

INVOICE # 64248EP03321

If you have questions,
 please call
 Steve Abbott
 or
 Gloria LeBesco
 at (518)452-6826

LABELLER CODE 64248

PROD CODE	PKG SZ CD	FDA REG NAME	UNIT OF MEAS	# OF SCRIPTS	ALLOWED CHARGES	UNITS DISPENSED	BASE QTR	UNIT REBATE AMOUNT	REBATE AMOUNT DUE	IC	INV TYPE
0091	10	EQUAGESIC	TAB	15	\$1,013 94	930 0	1990-3	0 281400	\$261 70	I	0
0101	01	ORTHO-EST	TAB	9	\$387 42	530 0		0 037900	\$20 09	N	0
0102	01	ORTHO-EST	TAB	2	\$59 86	60 0		0 052900	\$3 17	N	0
0117	10	BACTRIM DS	TAB	16	\$691 18	392 0	1995-3	0 584100	\$228 97	I	0
0310	01	ESCLIM	TDM	3	\$81 33	20 0	2000-1	0 810400	\$12 21	I	0
0320	01	ESCLIM	TDM	3	\$92 67	24 0	2000-1	0 819100	\$19 66	I	0
0330	01	ESCLIM	TDM	5	\$157 10	40 0	2000-1	0 511300	\$20 45	I	0
0419	10	SYNALGOS-D	CAPSL	5	\$612 95	540 0	1990-3	0 574600	\$310 28	S	0
INVOICE TOTALS				58	\$3,096 45	2,536 0			\$876 53		

DATE 02/17/2004
 TIME 14 09 14

NEW YORK STATE EPIC PROGRAM
 MANUFACTURERS REBATE INVOICE
 ORIGINAL INVOICE FOR THE YEAR 2003 QUARTER 4

 * PLEASE MAKE CHECK PAYABLE TO NYS EPIC PROGRAM *
 * AND REMIT PAYMENT TO *

 * NYS EPIC PROGRAM *
 * P O BOX 15092 *
 * ALBANY, NY 12212-5092 *

PAGE # 1

Women's First Healthcare, Inc
 5355 Mira Sorrento Place Suite 700
 San Diego CA 92121

INVOICE # 64248EP04048

If you have questions,
 please call
 Steve Abbott
 or
 Gloria LeBesco
 at (518)452-6826

LABELLER CODE 64248

PKG PROD SZ CODE CD	FDA REG NAME	UNIT OF MEAS	# OF SCRIPTS	ALLOWED CHARGES	UNITS DISPENSED	BASE QTR	UNIT REBATE AMOUNT	REBATE AMOUNT DUE	IC	INV TYPE
0004 10	BACTRIM	TAB	1	\$93 74	100 0	1990-3	0 016100	\$1 61	I	0
0091 10	EQUAGESIC	TAB	9	\$510 24	540 0	1990-3	0 522600	\$282 20	I	0
0101 01	ORTHO-EST	TAB	8	\$363 16	510 0		Note 1		N	0
0102 01	ORTHO-EST	TAB	3	\$142 66	150 0		Note 1		N	0
0117 10	BACTRIM DS	TAB	26	\$1,273 18	726 0	1995-3	0 856900	\$822 11	I	0
0310 01	ESCLIM	TDM	3	\$81 33	20 0	2000-1	1 041200	\$20 82	I	0
0320 01	ESCLIM	TDM	3	\$78 98	20 0	2000-1	1 205300	\$24 11	I	0
0330 01	ESCLIM	TDM	5	\$157 10	40 0	2000-1	0 969500	\$38 78	I	0
0350 01	ESCLIM	TDM	1	\$32 93	8 0	2000-1	0 811800	\$6 49	I	0
0419 10	SYNALGOS-D	CAPSL	8	\$1,000 78	840 0	1990-3	0 992300	\$833 53	S	0
INVOICE TOTALS			67	\$3 734 10	2,954 0					

Note 1 Current quarter pricing data was not received for this NDC, please submit immediately

IMPORTANT The total rebate amount due for this invoice is not shown because pricing data was not submitted for all NDC's invoiced Please calculate and remit total amount due



STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

ELIOT SPITZER
Attorney General

STATE COUNSEL DIVISION
CIVIL RECOVERIES BUREAU

Telephone (518) 473-6992

October 20, 2004

Women First Healthcare, Inc
c/o BMC Group
f/k/a Bankruptcy Management Corporation
1330 East Franklin Avenue
El Segundo, CA 90245

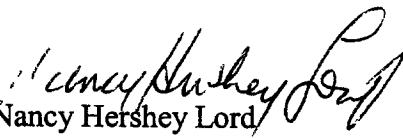
Re In re Women First Healthcare, Inc
Chapter 11, Case No 04-11278 (MFW)

Dear Claims Processing Agent

Enclosed for filing in the above-referenced bankruptcy case, please find an original and one copy of two (2) Proofs of Claim for the New York State Department of Health. Please time-stamp the copies and return in the enclosed self-addressed, postage-paid envelope.

Thank you for your assistance and consideration in this matter.

Very truly yours,


Nancy Hershey Lord
Assistant Attorney General

NHL/hsa
Enclosures

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ORIGIN ID OXCA
518-402 2373
DEPARTMENT OF LAW
JUSTICE BLDG RM D 31
EMPIRE STATE PLAZA
ALBANY NY 12223

CAD # 609512
DATE 20OCT04
ACTUAL WGT 1 LBS

PKGID 672476305479



FedEx Revenue Barcode

TO
C/O BCM GROUP
WOMAN FIRST HEALTHCARE, INC
F/K/A BANKRUPTCY MANAGEMENT CORP
1330 EAST FRANKLIN AVENUE
EL SEGUNDO, CA 90245

BILL SENDER

Delivery Address Barcode (FedEx EDR)

FedEx PRIORITY OVERNIGHT

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