

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



YOUR CLAIM IS SCHEDULED AS s1085 \$6 037 83 Unsecured

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...

Name of Creditor and Address RR DONNELLEY RECEIVABLES INC 77 WACKER DR CHICAGO IL 60601

Check box if you are aware that anyone else has filed a proof of claim relating to your claim...

The amounts reflected above constitute your claim as scheduled by the Debtor. If you agree with the amounts set forth herein...

Creditor Telephone Number (312) 326-8104 ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 50201-102581

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

1 BASIS FOR CLAIM: Goods sold, Services performed, Money loaned, Personal injury/wrongful death, Taxes, Other, Retiree benefits, Wages salaries and compensation.

2 DATE DEBT WAS INCURRED 12/4/03 - 2/25/04 3 IF COURT JUDGMENT, DATE OBTAINED 4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ 6,037.83 (unsecured) \$ (secured) \$ (unsecured priority) \$ 6,037.83 (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.

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.

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, Contributions to an employee benefit plan, Up to \$2 225 of deposits toward purchase lease or rental of property or services for personal family or household use, Alimony maintenance or support owed to a spouse former spouse or child, Taxes or penalties owed to governmental units, Other.

6 UNSECURED NONPRIORITY CLAIM \$ 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 c) none or only part of your claim is entitled to priority.

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 August 31, 2004

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 OCT 26 2004 BMC Women First Healthcare Inc

DATE SIGNED 10/22/04

SIGN and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) Christine Harney Credit Analyst

RR DONNELLEY RECEIVABLES, INC

Please make checks payable to R.R. Donnelley Receivables Inc
And include the invoice number on your check
Remit with a copy of the invoice to

INVOICE

Sold to WOMEN FIRST HEALTHCARE INC
Attn ACCOUNTS PAYABLE
5355 MIRA SORRENTO PLACE
SAN DIEGO CA 92121

R R Donnelley Receivables, Inc
P O Box 100112
Pasadena CA 91189-0001

Batch No 1207

FEIN 88-0222636

INVOICE DATE	INVOICE NUMBER	PAYABLE DATE	TERMS	BY	PAGE
12/04/03	1203454800	12/14/03	Net 10 days from DOI	MM/an	1 of 1

WOMEN FIRST HEALTHCARE, INC.

Form 8-K Dated November 14, 2003

EDGAR Preparation and Transmission

	Form 8-K EDGAR Package	\$100 00
	5 Convert WP page(s) to EDGAR-HTML format	
	4 Convert WP page(s) to EDGAR-HTML format	\$40 00
	4 EDGAR-HTML Alteration page(s) on a RUSH basis	
11/14/03	9 Page Transmission to the SEC, Form 8-K includes set-up, testing of codes, assembling of file, submission, confirmation and acceptance	

Electronic Distribution Services

- 2 File(s) converted from EDGAR to PDF and delivered via email to 4 client address(es)

TOTAL THIS INVOICE

\$140 00

If you need assistance, please call Mason Matthies at (858) 587-8452

Payment by Check

Please record the invoice number on your check **1203454800**

Wire Transfer Instructions

Bank of America
ABA 121000358

If payment is not received by the due date on this invoice we will charge you interest at the lesser of (i) eighteen percent (18%) per year (ii) the interest rate stated in our contract with you or the maximum interest permitted in your jurisdiction. Seller represents that with respect to the production of all goods and services performed covered by this invoice it has fully complied with Section 12a of the Fair Labor Standards Act of 1938 as amended.

RR DONNELLEY RECEIVABLES, INC

Please make checks payable to R R Donnelley Receivables Inc
And include the invoice number on your check
Remit with a copy of the invoice to

INVOICE

Sold to WOMEN FIRST HEALTHCARE INC
Attn BILL HELLER
5355 MIRA SORRENTO PLACE
SAN DIEGO CA 92121

R R Donnelley Receivables, Inc
P O Box 100112
Pasadena CA 91189-0001

Batch No 1206

FEIN 88-0222636

INVOICE DATE	INVOICE NUMBER	PAYABLE DATE	TERMS	BY	PAGE
12/04/03	1204650100	12/14/03	Net 10 days from DOI	MM/dw	1 of 2

WOMEN FIRST HEALTHCARE, INC.

Form 10-Q for the Quarterly Period Ended September 30, 2003

Composition

Compliance Plan		\$500 00
Typeset new page(s) from supplied electronic format on a RUSH basis inside Compliance Plan	50 Page(s)	Included
Typeset new page(s) from supplied electronic format on a RUSH basis outside Compliance Plan	2 Page(s)	\$40 00

Alterations and Proofs

Alteration page(s) on a RUSH basis inside Compliance Plan	44 Page(s)	Included
Alteration page(s) on a RUSH basis outside Compliance Plan	17 Page(s)	\$765 00
Repagination page(s) on a RUSH basis	34 Page(s)	Included
Current blackline page(s)	57 Page(s)	No Charge

Reverse Word Processing

11/14/03 Download to word processing format (high level)	46 Page(s)	\$690 00
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EDGAR Preparation and Transmission

Convert typeset page(s) to EDGAR-HTML format on a RUSH basis	52 Page(s)	Included
Convert WP page(s) to EDGAR-HTML format on a RUSH basis outside Compliance Plan	2 Page(s)	\$40 00
Convert PDF to EDGAR-HTML format	53 Page(s)	\$1,855 00
EDGAR-HTML Alteration page(s) on a RUSH basis outside Compliance Plan	1 Page(s)	\$45 00
11/14/03 Transmission to the SEC (10Q)	105 Page(s)	Included

Electronic Distribution Services

Convert file(s) to PDF, per version	7 File(s)	Included
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If payment is not received by the due date on this invoice we will charge you interest at the lesser of (i) eighteen percent (18%) per year (ii) the interest rate stated in our contract with you or the maximum interest permitted in your jurisdiction. Seller represents that with respect to the production of all goods and services performed covered by this invoice it has fully complied with Section 12a of the Fair Labor Standards Act of 1938 as amended.

RR DONNELLEY RECEIVABLES, INC

Please make checks payable to R R Donnelley Receivables, Inc
 And include the invoice number on your check
 Remit with a copy of the invoice to

INVOICE

Sold to WOMEN FIRST HEALTHCARE, INC
Attn BILL HELLER
 5355 MIRA SORRENTO PLACE
 SAN DIEGO CA 92121

R R. Donnelley Receivables, Inc
P O Box 100112
Pasadena CA 91189-0001

Batch No 1206

FEIN 88-0222636

INVOICE DATE	INVOICE NUMBER	PAYABLE DATE	TERMS	BY	PAGE
12/04/03	1204650100	12/14/03	Net 10 days from DOI	MM/dw	2 of 2

E-Mail(s), per address

7 Each

Included

Preliminary, Print, Bind and Distribution

11/18/03 Produce 50 copies of a 48-page Form 10-Q, photocopied two-sided,
 saddlestitched and trimmed to 8 1/4" x 10 3/4"

\$240 00

SUBTOTAL	\$4,175 00
Messenger Services and Freight	\$139 27
State Sales and Use Tax	\$323 56
TOTAL THIS INVOICE	\$4,637 83

If you need assistance, please call Mason Matthies at (858) 587-8452

Payment by Check

Please record the invoice number on your check **1204650100**

Wire Transfer Instructions

Bank of America
 ABA 121000358
 Account Number 1233552859

In the OBI or Tag 6000 section please reference the invoice number **1204650100**
 (Multiple invoice numbers should be separated with a space)

RR DONNELLEY RECEIVABLES, INC

Please make checks payable to R R Donnelley Receivables Inc
And include the invoice number on your check
Remit with a copy of the invoice to

INVOICE

Sold to WOMEN FIRST HEALTHCARE, INC
Attn RICHARD VINCENT
5355 MIRA SORRENTO PLACE
SAN DIEGO CA 92121

R R Donnelley Receivables, Inc
P O Box 100112
Pasadena CA 91189-0001

Batch No 1240

FEIN 88-0222636

INVOICE DATE	INVOICE NUMBER	PAYABLE DATE	TERMS	BY	PAGE
12/23/03	1205668700	01/02/04	Net 10 days from DOI	MM/ve	1 of 1

WOMEN FIRST HEALTHCARE, INC.

Forms 3 and 3/A

EDGAR Preparation and Transmission

- 11/05/03 Donnelley EDGAR NET filer - Form 3 for Alan J Amico
- 11/06/03 Donnelley EDGAR NET filer - Form 3 for Richard G Vincent
- 11/06/03 Donnelley EDGAR NET filer - Form 3/A for Alan J Amico

TOTAL THIS INVOICE

\$150.00

If you need assistance, please call Mason Matthies at (858) 587-8452

Payment by Check

Please record the invoice number on your check **1205668700**

Wire Transfer Instructions

Bank of America
ABA 121000358
Account Number 1233552859

In the OBI or Tag 6000 section please reference the invoice number **1205668700**
(Multiple invoice numbers should be separated with a space)

RR DONNELLEY RECEIVABLES, INC

Please make checks payable to R R Donnelley Receivables, Inc
 And include the invoice number on your check
 Remit with a copy of the invoice to

INVOICE

Batch No 1210

Sold to WOMEN FIRST HEALTHCARE, INC
 Attn BILL HELLER
 5355 MIRA SORRENTO PLACE
 SAN DIEGO CA 92121

R.R Donnelley Receivables, Inc
 P O Box 100112
 Pasadena CA 91189-0001

F E I N 88-0222636

INVOICE DATE	INVOICE NUMBER	PAYABLE DATE	TERMS	BY	PAGE
01/14/04	1202668500	01/24/04	Net 10 days from DOI	MM/an	1 of 1

WOMEN FIRST HEALTHCARE

Form 8-K Dated December 19, 2003

EDGAR Preparation and Transmission

	Form 8-K Filing Package	\$680 00
	5 Convert WP page(s) to EDGAR-HTML format	\$100 00
	68 Convert WP page(s) to EDGAR-HTML format	Included
	9 Convert WP page(s) to EDGAR-HTML format on a RUSH basis	\$180 00
	4 EDGAR-HTML Alteration page(s) on a RUSH basis	Included
01/02/04	82 Page Transmission to the SEC, Form 8-K includes set-up, testing of codes, assembling of file, submission, confirmation and acceptance	Included

Electronic Distribution Services

	2 File(s) converted from EDGAR to PDF and delivered via email to 8 client address(es)	Included
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TOTAL THIS INVOICE

\$960.00

If you need assistance, please call Mason Matthies at (858) 587-8452

Payment by Check

Please record the invoice number on your check **1202668500**

Wire Transfer Instructions

If payment is not received by the due date on this invoice we will charge you interest at the lesser of (i) eighteen percent (18%) per year (ii) the interest rate stated in our contract with you or the maximum interest permitted in your jurisdiction. Seller represents that with respect to the production of all goods and services performed covered by this invoice it has fully complied with Section 12a of the Fair Labor Standards Act of 1938 as amended.

RR DONNELLEY RECEIVABLES, INC

Please make checks payable to R.R. Donnelley Receivables, Inc
And include the invoice number on your check
Remit with a copy of the invoice to

INVOICE

Sold to WOMEN FIRST HEALTHCARE, INC
Attn RICHARD VINCENT
5355 MIRA SORRENTO PLACE
SAN DIEGO CA 92121

R.R. Donnelley Receivables, Inc
P O Box 100112
Pasadena CA 91189-0001

Batch No 1239

FEIN 88-0222636

INVOICE DATE	INVOICE NUMBER	PAYABLE DATE	TERMS	BY	PAGE
02/25/04	1209109200	03/06/04	Net 10 days from DOI	MM/ve	1 of 1

WOMEN FIRST HEALTHCARE, INC.

Form 4

- EDGAR Preparation and Transmission

- 01/09/04 NET filer Section 16 Individual Filer filing - Form 4 for Randi C Crawford
- 01/09/04 NET filer Section 16 Individual Filer filing - Form 4 for Sandra L Childs
- 01/09/04 NET filer Section 16 Individual Filer filing - Form 4 for Richard G Vincent

TOTAL THIS INVOICE

\$150.00

If you need assistance, please call Mason Matthies at (858) 587-8452

Payment by Check

Please record the invoice number on your check **1209109200**

Wire Transfer Instructions

Bank of America
ABA 121000358
Account Number 1233552859

In the OBI or Tag 6000 section please reference the invoice number **1209109200**
(Multiple invoice numbers should be separated with a space)