

Filed to Women

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

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.

Name of Creditor and Address
06509442000888
Maureen L Augustine
1191 Lake Ave
Oue Gros, MI, 48703

- 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.

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

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
16614752

Check here replaces or amends a previously filed claim dated _____

- 1 BASIS FOR CLAIM
- Goods sold
 - Services performed
 - Money loaned
 - Personal injury/wrongful death
 - Taxes
 - Other (describe briefly)
STOCKHOLDER
WOMEN FIRST HealthCare INC
 - Retiree benefits as defined in 11 U.S.C. § 1114(a)
 - Wages, salaries and compensation (Fill out below)
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) \$ 5171.09 (secured) \$ 5171.09 (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
Spousals
WOMEN FIRST HealthCare

Real Estate Motor Vehicle

Other

Value of Collateral \$ 5171.09

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)(1)
- 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.

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 1/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 1/k/a Bankruptcy Management Corp
1330 East Franklin Ave
El Segundo, CA 90245

FILED
THIS SPACE FOR COURT USE ONLY

FEB 15 2005



Women First Healthcare, Inc.



00208

DATE SIGNED
2-9-05

SIGN and print the name and title of any of the creditor or other person authorized to file this proof of claim, or the name and title of the attorney-in-fact of any of the creditor or other person authorized to file this proof of claim.

Maureen L Augustine, te
MAUREEN L AUGUSTINE, te

Wednesday, February 09, 2005

Account 16614752 AUGUSTINE,M (989)876-8167 6HN7725

Symbol Description	Curr Price	Current Value	Opening Trans Closing Trans	Trade Date	TD Qty	Price/Shr	Total Cost	G/L L/S Term	GNMAE ² Fac
PFE PFIZER INCORPORATED	25 55	6 387 50	Buy	05/05/2004	250	36 61	9,385 51	-2,998 01 Short Term	
SBC SBC COMMUNICATIONS INCORPORATED	24 61	9 228 75	Buy	12/22/2004	375	26 00	9 987 06	-758 31 Short Term	
SO SOUTHERN COMPANY	33 62	3 362 00	Spin Off	06/03/1997	100	13 2961	1 329 61	2 032 39 Long Term	
STTS STATS CHIPPAK LIMITED	6 05	2,105 40	Merger	10/11/2000	348	10 682988	3 717 68	-1 612 28 Long Term	
SUNW SUN MICROSYSTEMS INCORPORATED	4 25	3 400 00	Stock Split	01/09/1998	800	5 16125	4,129 00	-729 00 Long Term	
TWX TIME WARNER INCORPORATED	17 99	1 349 25	Exchange	10/11/2000	75	54 863333	4 114 75	-2,765 50 Long Term	
BUGSE U S MICROBICS	0 02	20 00	Buy	01/31/2002	1 000	0 24	289 00	-269 00 Long Term	
BUGSE U S MICROBICS	0 02	20 00	Buy	01/31/2002	1 000	0 24	241 00	-221 00 Long Term	
WFHCQ WOMEN FIRST HEALTHCARE	0 005	2 50	Buy	01/31/2002	500	10 05	5 171 09	-5,168 59 Long Term	

Cur Sec Value	Total Cost-Unreal	Total Cost-Real	Total Proceeds
111 846 80	79 849 46	0 00	0 00

Total Gain/Loss	Short Term	Long Term	Total
Unrealized	-3,756 32	5 711 37	1 955 05

Note If a gain/loss is not calculated for a taxlot the total cost and/or proceeds for the taxlot is not included in the account totals

Market valuations are based on information we believe to be accurate but accuracy can not be guaranteed Annual Income is an estimate only based on year to-date information This schedule is not intended for tax legal or other non-financial planning purposes and should not be relied upon by third parties The cost information provided is believed to be accurate but should not be used for tax reporting purposes