

United States Bankruptcy Court
District of Delaware

ADMINISTRATIVE PROOF OF CLAIM

In re (Name of Debtor)
WOMEN FIRST HEALTHCARE INC

Bankruptcy Case Number
0411278-

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 Section 503

REC'D MAR 17 2005

Name of Creditor
(The person or other entity to whom the debtor owes money or property)
Virginia Department of Taxation

Check if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy or statement giving particulars

Name and Address Where Notices Should Be Sent
Virginia Department of Taxation
P O Box 2156
Richmond VA 23218-2156

Check if you never received any notices from the bankruptcy court in this case
Check if this address differs from the address on the envelope sent to you by the court

Contact
Assigned User Garnett P Taylor
Telephone No (804) 367-8045

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR See Attached

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

1 BASIS FOR CLAIM
Goods Sold
Retiree Benefits as defined in U S C § 1114(a)
Service performed
Wages salaries and commissions (fill out below) Please provide your social security number

Money loaned
Personal injury/wrongful death
Unpaid compensation for services performed from (date) to (date)

Taxes
Other (Describe briefly)

2 DATE DEBT WAS INCURRED See Attached

3 IF COURT JUDGMENT DATE OBTAINED See Attached

4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured nonpriority (2) Unsecured Priority (3) Secured It is possible for part of a claim to be in one category and part in another CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM

SECURED CLAIM \$0 00
Attach evidence of perfection of security interest
Brief Description of Collateral
Real Estate Motor Vehicle Other (Describe)
Amount of arrearage and other charges included in secured claim above if and \$
UNSECURED NONPRIORITY CLAIMS \$ 10 00
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim

UNSECURED PRIORITY CLAIM \$0 00
Specify the priority of the claim
Wages salaries or commissions (up to \$2 000 earned not more than 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))
Contribution to an employee benefit plan - 11 U S C § 507(a)(4)
Up to \$900 of deposits toward purchase lease or rental of property or services for personal family or household use - 11 U S C § 507(a)(6)
Taxes or penalties of government units - 11 U S C § 507(a)(7)
Other - 11 U S C §§ 507(a)(2) (a)(5) - (Describe briefly)

Table with 4 columns: Unsecured (\$ 10 00), Secured (\$0 00), Priority (\$0 00), Total (\$ 10 00)

Check if claim includes pre-petition charges in addition to the principal amount of the claim Attach itemized statement of all additional charges

6 CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim In filing this claim claimant has deducted all amounts that claimant owes to debtor
7 SUPPORTING DOCUMENT Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments or evidence of security interest If the documents are not available explain If the documents are voluminous attach a summary
8 TIME-STAMPED COPY To receive an acknowledgement of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim

THIS SPACE IS FOR COURT USE ONLY

Date
March 7 2005

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)
Leon Sprinkle
Bankruptcy Agent

Vertical stamp: DISTRICT OF DELAWARE MAR 17 2005

Penalty for Presenting Fraudulent Claim fine of up to \$500 000 00 or imprisonment for up to 5 years or both 18 U S C §§ 152 and 3571



Commonwealth of Virginia
Department of Taxation

**SUMMARY OF UNPAID TAXES ASSESSED
IN THE NAME OF
WOMEN FIRST HEALTHCARE INC
CASE NUMBER 0411278-**

Total amount represents tax, penalty and interest due

Secured Claim

<i>Account ID</i>	<i>Bill ID</i>	<i>Docket Date</i>	<i>Book/Page/Doc ID</i>	<i>Tax Code</i>	<i>Tax Period</i>	<i>Claim Amount</i>
					-	\$0 00

TOTAL SECURED AMOUNT CLAIMED \$0 00

Unsecured Priority Claim

<i>Account ID</i>	<i>Bill ID</i>	<i>Tax Code</i>	<i>Tax Period</i>	<i>* Penalty Amount</i>	<i>Claim Amount</i>
			-	\$0 00	\$0 00

TOTAL UNSECURED PRIORITY AMOUNT CLAIMED \$0 00

Unsecured Nonpriority Claim

<i>Account ID</i>	<i>Bill ID</i>	<i>Tax Code</i>	<i>Tax Period</i>	<i>Penalty Amount</i>	<i>Claim Amount</i>
00184777421	24133	Use	04/01/04 - 06/30/04	\$10 00	\$10 00

UNSECURED NONPRIORITY AMOUNT CLAIMED	\$10 00
UNSECURED PENALTY AMOUNT <i>(* Penalty amount of the Unsecured Priority Claim)</i>	\$0 00

TOTAL UNSECURED NONPRIORITY CLAIM AMOUNT \$ 10 00

TOTAL AMOUNT CLAIMED \$ 10 00



Express

FedEx | Ship Manager | Label 7909 4955 3592

From Origin ID (302)658 9911
sean boykewich
PARCELS INC
4 east 7th street
wilmington DE 19801

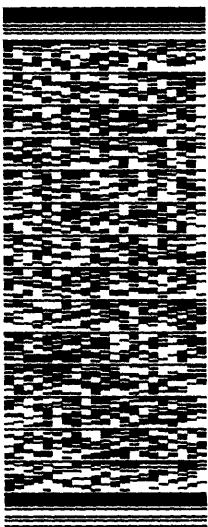


CL51229400010

SHIP TO (310)364 3170

BILL RECEIPT

mj john
bmc corp
1330 east franklin avenue
el segundo, CA 90245



Align top of FedEx Shipping Label or ASTRA Label here.

Page 1 of 1

Ship Date 16MARS05
Actual Wgt 1 LB
System# 5887796/INET2000
Account# S*****

REF



Delivery Address Bar Code

RECD

MAR 14 2005

PRIORITY OVERNIGHT

BMC THU
Deliver By
17MARS05

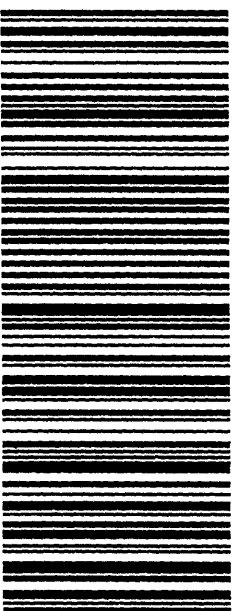
TRK# 7909 4955 3592

FORM
0201

LAX A1

90245 -CA-US

XH AVXA



THE WOVU UVU L'VILLE®