

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>DELAWARE</u>		PROOF OF CLAIM
Name of Debtor HEAD DISTRIBUTING COMPANY		Case Number 03-10963
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 USC § 503		
Name of Creditor (The person or other entity to whom the debtor owes money or property) PERIO INC		<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 PERIO INC 6156 WILCOX RD DUBLIN, OH 43016		
Telephone number 614-791-1207		THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies debtor #602035		Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends _____
1 Basis for Claim <input checked="" 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 type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 USC § 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 <u>3/28/03</u>		3 If court judgment, date obtained
4 Total Amount of Claim at Time Case Filed \$ <u>480.00</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 \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6 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 USC § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 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 USC § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 USC § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 USC § 507(a)(8) <input type="checkbox"/> Other: Specify applicable paragraph of 11 USC § 507(a)(____) <small>*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.</small>
7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 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.		THIS SPACE IS FOR COURT USE ONLY
Date 7/7/03	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). Alan T. Steigerwald VP-Finance	

FILED
JUL 14 2003
BMC



A/R Customer Transactions (ARCTRN01)

From Customer No [602035] To [602035]
 From Document Date [] To [6/25/2003]
 Session Date [6/25/2003]
 Account Type [All Customers]
 Report Format [Customer Transactions by Document Date]
 Transaction Types [Invoice Debit Note Credit Note Prepayment]
 Contact/Phone/Credit [N]
 Space for Comments [N]
 Include Applied Details [N]
 Print Zero-Balance Customers [N]
 Print Transaction Type Totals [N]

#602035

CHSC #103-10963

Customer No	Doc Number	Cust Name	Ty	Order Number	PO Number	Doc Date	Due Date or Check/Recpt No	Batch-Entry	Days Over	Transaction Amount	Balance
602035		HEAD DIST CO									
	0100245		IN	ORD0000602	180340	12/12/2001	1/12/2002	51-34	0	528 00	0 00
	0003031		CR	ORD0000602	180340	1/24/2002	1/24/2002	129-4		-9 60	0 00
	0101709		IN	ORD0002010	184441	3/4/2002	4/4/2002	200 15	0	215 90	0 00
	0102484		IN	ORD0002779	186569	4/16/2002	5/17/2002	277-15	0	480 00	0 00
	0103669		IN	ORD0004023	18380	6/14/2002	7/15/2002	396 19	0	388 39	0 00
	0104262		IN	ORD0004667	191595	7/17/2002	8/17/2002	448-33	0	480 00	0 00
	0104731		IN	ORD0005196	BO191505	8/12/2002	9/12/2002	485 7	0	279 33	0 00
	0004696		CR	ORD0004667	191595	8/23/2002	8/23/2002	506-8		-192 00	0 00
	0105045		IN	ORD0005485	193574	8/28/2002	9/28/2002	514-26	0	480 00	0 00
	0004811		CR	ORD0005196	BO191505	9/17/2002	9/17/2002	536-34		-87 33	0 00
	0106030		IN	ORD0006539	196573	10/28/2002	11/28/2002	597-6	0	480 00	0 00
	0106992		IN	ORD0007521	199934	12/30/2002	1/30/2003	705-3	0	480 00	0 00
	0108372		IN	ORD0008949	204936	3/28/2003	4/28/2003	853-11	58	480 00	480 00
							Customer Total			4 002 69	480 00
							Report Total			4 002 69	480 00

CR Credit Note DB Debit Note IN Invoice IT Interest Charge PI Prepayment UC Unapplied Cash
 AD Adjustment CF Applied Credit (from) CT Applied Credit (to) DF Applied Debit (from) DT Applied Debit (to) ED Earned Discount Taken
 GL Gain or Loss (multicurrency ledgers) PY Receipt WO Write-Off

1 customer printed

Perio, Inc

Invoice

Date Mar 28 2003	Page 1
Invoice Number 0108372	

6156 Wilcox Road
Dublin OH 43016
Phone (614) 791-1207
Fax (614) 792-0484

Remit To
Perio, Inc
P O Box 71-1711
Columbus, OH 43271

Sold To
HEAD DIST CO
4820 N CHURCH LN
SMYRNA, GA 30080

Ship To
HEAD DIST CO
4820 N CHURCH LN
SMYRNA GA 30080

Order No ORD0008949	Order Date Mar 24 2003	Customer No 602035	Salesperson PSE	PO Number 204936	Ship Via RDWY	Terms 1NET31
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Qty Ord	Qty Shp	Qty B/O	Item Number	Description	Unit Price	UOM	Extended Price
50	50	0	00933	Barbasol Shcrm Orig 11oz-12/ca	9 60	ca	480 00
			Date Due 04/28/03	Amount Due 480 00	Disc Date 04/27/03	Disc Amount 4 80	

Comments CALL FOR DELIVERY APPT (404) 792-2000	Tax summary	Subtotal	480 00
	OH 0 00	Total sales tax	0 00
		Total amount	480 00
		Less payment	0 00
		Less pmt disc	0 00
		Amount due	480 00



DISTRIBUTING

4820 NORTH CHURCH LANE - SMYRNA, GA 30080
Telephone 792-2000 • Fax 792 4341

519 DEER CREEK TRAIL
DOSCHTON, GA 30548

Hours: 6-10:30AM/11-2:30PM Appt. Required

SHB TO 01
HEAD DISTRIBUTING CO.
4820 NORTH CHURCH LANE
SMYRNA, GA 30080

PURCHASE ORDER NUMBER	204936
PAGE NO	1

204936

F-585
002/002
P
T-482
44047946447
FROM HEAD DISTRIBUTING COMPANY, INC
21-MAR-2003 15 42

BUYER	TERMS	TOTAL FACTOR	BROKER	TELEPHONE NUMBER	REFERENCE	ORDER DATE	REQUEST DATE				
20	1X 30 DAYS	25.00	700-654-3959	706-654-3421		03/19/03	03/28/03				
LINE	VENDOR ITEM#	ITEM	DESCRIPTION	PACK	BIN	RECEIVED	ORDERED	UM	COST	U/M	EXTENSION
001	00933	7279+1	BARBASOL REGULAR 11oz EA	12	3-230304		50	CS	.800	EA	480.00
				PROMOTIONS	WEIGHT	TOTAL UNITS	TOTAL CARTONS	TOTAL			
				348.00	560.000	50	800	480.00			

PO # 204936
APPROVAL
3-28-03

Ship to

AUTHORIZED SIGNATURE

03/24/2003 11 40 7066543959

BOB GARRETT

PAGE 01