

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

PROOF OF CLAIM



s163717

Scheduled Claim Ref # 20-F2-18394

YOUR CLAIM IS SCHEDULED AS

\$557.52 UNSECURED

In re
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 U.S.C. § 503.

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.

Name of Creditor and Address

FOUNTAINHEAD WATER CO
P O BOX 570
SALEM SC 29676

0354429395828

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.

The amounts reflected above constitute your claim as scheduled by the Debtor. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

Creditor Telephone Number ()

CREDITOR TAX ID #
58-1843901

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

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

1 BASIS FOR CLAIM

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other (describe briefly)
- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Wages, salaries, and compensation (Fill out below)

Your social security number _____
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 AS OF PETITION DATE \$ 478.32 (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ 478.32 (total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 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:
 Real Estate
 Motor Vehicle
 Other _____
Value of collateral \$ _____
Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____

6 UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured priority claim.
Specify the priority of the claim:
 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)
 Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4)
 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)
 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 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

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 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 p.m., September 15, 2003, Pacific Daylight Time.
BY MAIL TO: Bankruptcy Management Corporation, P.O. BOX 900, El Segundo, CA 90245-0900
BY HAND OR OVERNIGHT DELIVERY TO: Bankruptcy Management Corporation, 1330 East Franklin Avenue, El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY
FILED
AUG 11 2003

DATE SIGNED: 86-03
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):
Ed Ingram - Controller

BMC
Filing Companies Claim
03101

FOUNTAINHEAD®

WATER COMPANY, INC.

Pure Blue Ridge Mountain Water

P O BOX 570
SALEM SC 29676
864/944-1993 800/874-8595

ORIGINAL

PAGE NO	INVOICE NO	APPLY TO	INVOICE DATE	CUST NO
1	11443		03/20/03	HEA01
INVOICE			05319	0
			WORK ORDER NO	80

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HEAD TOBACCO CO
P O BOX 1666
SMYRNA, GA 30080

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HEAD TOBACCO CO
4820 NORTH CHURCH LANE
SMYRNA, GA 30080

DATE SHIPPED	PURCHASE ORDER NO	SHIP VIA	F.O.B.	TERMS			
03/20/03	204029	RAAB		1%/10 NET 30			
BUYER	DATE REQUESTED	LOCATION	SALESPERSON	TERRITORY			
DAVID BAILEY	03/19/03	00061	PEACHTREE SALES & MARKETING	SOUTHEAST			
ITEM NO	DESCRIPTION	QUANTITY ORDERED	QUANTITY BACK ORD.	QUANTITY SHIPPED	UNIT PRICE	EXTENSION	TAX
FH 11220	22 OZ CASE / 24 009452112200 MUST CALL FOR APPT 24 HRS IN ADVANCE RECHRS 6 A M 2 P M 404-792-2000 10 BUSINESS DAY LEAD TIME NECESSARY ON ALL ORDERS BILL OF LADING 10705	54		54	12 00	648 00	
SUBTOTAL						648 00	
						INVOICE NO	848 00
						11443	PLEASE REMIT THIS AMOUNT

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P O BOX 570
SALEM SC 29676
864/944-1993 800/874-8595

ORIGINAL

PAGE NO	CREDIT MEMO NO.	APPLY TO	CREDIT MEMO DATE	CUST. NO
1	11450	11339	03/21/03	HEA01
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P O BOX 1666
SMYRNA, GA 30080

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HEAD TOBACCO CO
4820 NORTH CHURCH LANE
SMYRNA, GA 30080

DATE SHIPPED	PURCHASE ORDER NO	SHIP VIA	F O.B	TERMS			
03/21/03	INV HC2232			1%/10 NET 30			
BUYER	DATE REQUESTED	LOCATION	SALESPERSON	TERRITORY			
	03/21/03	00061	PEACHTREE SALES & MARKETING	SOUTHEAST			
ITEM NO	DESCRIPTION	QUANTITY ORDERED	QUANTITY BACK ORD.	QUANTITY SHIPPED	UNIT PRICE	EXTENSION	TAX
	SAMPLES- FEB 2003	1		1	85 68	85 68	
SUBTOTAL						85 68	
							85 68
							CREDIT MEMO NO
							11450 C
							PLEASE CREDIT THIS AMOUNT

