

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

PROOF OF CLAIM



s163780

Scheduled Claim Ref # 20-F2-18464
YOUR CLAIM IS SCHEDULED AS

\$511 23 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

0354429404822

J G VAN HOLTEN & SON INC
P O BOX 66
703 WEST MADISON ST
WATERLOO, WI 535940000

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 **920 478-2194**

CREDITOR TAX I D #
39-0675270

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

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)
- 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 \$ 1,754.74 (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ _____ (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

AUG 11 2003

BMC

DATE SIGNED

8/5/03

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)

[Signature]

Fleming Companies Claim



03178

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both - 18 U.S.C. §§ 152 AND 3571

AUG 04 2003

See Other Side For Instructions



Van Holten's, Inc
 703 West Madison Street
 P O Box 66
 Waterloo, WI 53594

INVOICE 56121

Phone (920) 478-2144
 Fax (920) 478-2316

PAGE	INVOICE DATE
1 of 1	03-24-2003

424
SOLD TO HEAD DISTRIBUTING CO
 P O BOX 1666
 SMYRNA, GA 30080

OVERDUE ACCOUNT
 LATE PAYMENT WILL BE SUBJECT TO A
 SERVICE CHARGE OF 1 5% / MONTH

SHIP TO HEAD DISTRIBUTING CO
 4820 N CHURCH LANE
 SMYRNA, GA 30080

Make Check Payable to
J. G VAN HOLTEN & SON, INC

Total US Dollars Due **1,754.74**

A 1 00% DISCOUNT OF \$17 37 IF PAID BY 04-03-2003

TERMS	ORDER NO	P.O NUMBER	BROKER	SHIP VIA	SHIP DATE	PRO NUMBER	
1% 10 NET 30	387984	204709	R CRISP	PREPAID	03-21-2003	283231634	
ITEM	QTY ORDERED	QTY SHIPPED	DESCRIPTION	PRICE	U/M	DISCOUNT	NET
612M	104	104	612 MILD PKG PICKLES	5 9300	CS	0 0000	616 72
612K	112	112	612 KOSHER PKG PICKLES	5 9300	CS	0 0000	664 16
612H	77	77	612 HOT PKG PICKLES	5 9300	CS	0 0000	456 61
FUEL SURCHARGE							17 25
TOTAL US DOLLARS DUE							1,754 74