

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

PROOF OF CLAIM



664312

Bar Date Ref # 1-NV-7642

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.

Name of Creditor and Address

Javabaw Inc
541-364 10th St NW
Atlanta GA 30318

0354653664312

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.

Creditor Telephone Number **(404) 577 7747 x174**

CREDITOR TAX ID #

86-0828486

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here if this claim

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 **4/1/03 - 8/1/03**

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ _____ (unsecured) \$ _____ (secured) \$ **250 00** (unsecured priority) \$ **250 00** (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

FILED

AUG 21 2003

BMC

DATE SIGNED

8/15/03

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]
Treasurer

Fleming Companies Claim



05746

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

See Other Side For Instructions



Head Distributing
 ATTN Accounts Payable
 PO BOX 1666
 Smyrna, GA 30080

STATEMENT

DATE
08/18/03
ACCOUNT NUMBER
13

\$ _____
AMOUNT ENCLOSED

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

PAGE 1

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE
497	12/02/02	I		600 00	00
519	12/13/02	C		550 00-	00
242869	12/30/02	P	Invoice #497	50 00-	00
552	01/03/03	I		50 00	00
634	02/03/03	I		50 00	00
669	03/03/03	I		50 00	00
245756	03/17/03	P	Invoice #634	50 00-	00
246585	03/27/03	P	Invoice 552 & 669	100 00-	00
703	04/01/03	I		50 00	50 00
749	04/29/03	I		50 00	50 00
794	06/02/03	I		50 00	50 00
830	07/01/03	I		50 00	50 00
863	07/24/03	I		50 00	50 00
CODES C=CR MEMO P=PAYMENT F=FINANCE CHARGE				TOTAL DUE ➤	250 00
D=DR MEMO I=INVOICE					
Current	Over 30	Over 60	Over 90		
50 00	50 00	50 00	100 00		



Linux Labs
 230 Peachtree ST NW
 Suite 2705
 Atlanta, GA 30303
 Fax (404)577-7743
 http //www linuxlabs com

*** INVOICE ***

INVOICE#	DATE
863	07/24/03
CUSTOMER	PAGE
13	1

BILL TO
 Head Distributing
 ATTN Accounts Payable
 PO BOX 1666
 Smyrna, GA 30080
 USA

SHIP TO
 Head Distributing
 ATTN Accounts Payable
 PO BOX 1666
 Smyrna GA 30080

CUSTOMER P.O. #	SM	PAYMENT TERMS	SHIPPED VIA
		Net 30	

QUANTITY	CODE	DESCRIPTION	U/M	UNIT PRICE	AMOUNT
1 000	US-MSERVER	RUSNetPower - Monthly Server Space Domain - headdist com Monthly Billing	EA	50 00	50 00

Please remit payment to Linux Labs 541-364 10th ST NW Atlanta, GA 30318 Invoice inquires should be sent to Minna Mirabai at mirabai@linuxlabs com or 404-577-7747	Sub Total 7 000% Sales Tax	50 00 50 00
	PLEASE PAY THIS AMOUNT	50 00



Linux Labs
 230 Peachtree ST NW
 Suite 2705
 Atlanta, GA 30303
 Fax (404)577-7743
 http://www.linuxlabs.com

*** INVOICE ***

INVOICE#	DATE
890	07/01/05
CUSTOMER	PAGE
13	

BILL TO
 Head Distributing
 ATTN: Accounts Payable
 PO BOX 1666
 Smyrna, GA 30080
 USA

SHIP TO
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 Smyrna GA 30080

CUSTOMER P.O. #	SM	PAYMENT TERMS	SHIPPED VIA
		Net 30	

QUANTITY	CODE	DESCRIPTION	U/M	UNIT PRICE	AMOUNT
1 000	US-MSERVER	USNetPower - Monthly Server Space Domain - headdist.com Monthly Billing	EA	50 00	50 00

Please remit payment to Linux Labs 341-364 10th ST NW Atlanta, GA 30318	Sub Total	50 00
	7 000% Sales Tax	
Invoice inquires should be sent to Minna Mirabal at mirabal@linuxlabs.com or 404-577-7747	PLEASE PAY THIS AMOUNT	50 00



Linux Labs
 230 Peachtree ST NW
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 Atlanta, GA 30303
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*** INVOICE ***

INVOICE#	DATE
794	06/02/03
CUSTOMER	PAGE
13	1

BILL TO
 Head Distributing
 ATTN: Accounts Payable
 PO BOX 1666
 Smyrna GA 30080
 USA

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 Head Distributing
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 PO BOX 1666
 Smyrna GA 30080

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		Net 30	

QUANTITY	CODE	DESCRIPTION	U/M	UNIT PRICE	AMOUNT
1 000	US-MSERVER	USNetPower - Monthly Server Space Domain - headdist.com Monthly Billing	EA	50 00	50 00

Please remit payment to Linux Labs 541-364 10th ST NW Atlanta, GA 30318 Invoice inquires should be sent to Minna Mirabal at mirabal@linuxlabs.com or 404-577-7747	Sub Total 7 000% Sales Tax	50 00 50 00
	PLEASE PAY THIS AMOUNT ▷	



Linux Labs
 230 Peachtree ST NW
 Suite 2705
 Atlanta, GA 30303
 Fax (404)577-7743
 http //www linuxlabs com

*** INVOICE ***

INVOICE#	DATE
749	04/29/03
CUSTOMER	PAGE
13	1

BILL TO
 Head Distributing
 ATTN Accounts Payable
 PO BOX 1666
 Smyrna GA 30080
 USA

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 Smyrna GA 30080

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			Net 30			
QUANTITY	CODE	DESCRIPTION		U/M	UNIT PRICE	AMOUNT
1 000	US-MSERVER	USNetPower - Monthly Server Space Domain - headdist com Monthly Billing		EA	50 00	50 00
Please remit payment to Linux Labs 541-364 10th ST NW Atlanta, GA 30318				Sub Total 7 000% Sales Tax		50 00
Invoice inquires should be sent to Aaron Gilmer at aaron@linuxlabs com or 404-577-7747x180				PLEASE PAY THIS AMOUNT		50 00



Linux Labs
 230 Peachtree ST NW
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 Atlanta, GA 30303
 Fax (404)577-7743
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*** INVOICE ***

INVOICE#	DATE
703	04/02/03
CUSTOMER	PAGE
13	1

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		Net 30	

QUANTITY	CODE	DESCRIPTION	U/M	UNIT PRICE	AMOUNT
1 000	US-MSERVE	RUSNetPower - Monthly Server Soace Domain - headdist.com Monthly Billing	EA	50 00	50 00

Please remit payment to Linux Labs 541-364 10th ST NW Atlanta, GA 30318	Sub Total	50 00
	7 000% Sales Tax	
Invoice inquires should be sent to Aaron Gilmer at aaron@linuxlabs.com or 404-577-7747x180	PLEASE PAY THIS AMOUNT	50 00