

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

**PROOF OF CLAIM**



609722

Bar Date Ref # 2-NVM-75542

In re Head Distributing 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**

0354653609722

Genpak LLC  
PO Box PO Box 651765  
Charlotte NC 28265

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 58798-0511

CREDITOR TAX I.D. #  
14-18036022

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR  
#15150

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** 3/13/03

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ 0,585.30 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(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



**FILED**  
SEP 02 2003  
BMC

DATE SIGNED  
8/27/03

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).  
James Roberts Credit manager

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**



REMIT TO:

Genpak LLC P O Box 651765  
CHARLOTTE NC 28265-1765

Invoice	
NUMBER 216797	
DATE 13-MAR-03	PAGE 1 of 1
PURCHASE ORDER NUMBER 202839	
ORDER ACK NO 1123485	
BILL OF LADING AL21120-A\WILLIE	
CUSTOMER 15750	LOCATION NO 001

**Bill To** Attn Accounts Payable  
HEAD DIST CO  
PO BOX 1666  
SMYRNA GA 30080

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

TERMS 2% 10 NET 30	DUE DATE 12-APR-03	SALESPERSON 40610	ORDER DATE	SHIP DATE 13 MAR 03	SHIP VIA Whatley	SHIPPING TERMS SELLER PAYS FREIGHT
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ITEM NO.	Invoice	Cubes	QUANTITY			TAX	UNIT COST	DISCOUNT	EXTENDED AMOUNT
			ORDERED	BACK ORDERED	SHIPPED				
1	21100 R-0044700 7 3X3 5 HOT DOG HINGED FOAM GOLDEN GALLON RANDOM PRINT	500 PCS 783	270		270		24 39	0 00	6,585 30
	Tax Summary by Tax Name	783	270		270				
	Tax Exempt @ 0 00								0 00

SPECIAL INSTRUCTIONS	SUBTOTAL	TAX	FREIGHT	TOTAL
	6,585 30	0 00	0 00	6,585 30