

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

PROOF OF CLAIM



562496

Bar Date Ref # 2-NVM-21116

In re
HEAD DISTRIBUTING Co

Case Number
03-10963 (MFw)

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.
- 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.

Name of Creditor and Address

0354653562496

Rely Foods CO
640 Magazine St
New Orleans LA 70130

Creditor Telephone Number **(504) 524-6131**

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

CREDITOR TAX ID # **72-1226185**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR **1471**

Check here replaces or amends a previously filed claim dated _____

1 BASIS FOR CLAIM

Goods sold Personal injury/wrongful death Retiree benefits as defined in 11 U.S.C. § 1114(a)

Services performed Taxes Wages, salaries, and compensation (Fill out below)

Money loaned Other (describe briefly)

Your social security number _____

Unpaid compensation for services performed from _____ to _____

(date) (date)

2 DATE DEBT WAS INCURRED **3-17-03**

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ **730.18** (unsecured) \$ _____ (secured) \$ **730.18** (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
FILED
SEP 08 2003
BMC
Fleming Companies Claim
08947

DATE SIGNED: **Sept 5, 2003**

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):
L E ALBRIGHT 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

HEAD DIST INC
4820 N CHURCH LANE
SMYRNA GA 30080

1471

ORDER 207126
TYPE 05

INVOICE NO 6211
SHIPPING DATE 3/17/03
INVOICE DATE 3/17/03

SHIP TO

HEAD DIST INC
4820 N CHURCH LANE
SMYRNA GA 30080

CUSTOMER CODE
1471

REMIT TO
Reily Foods Company
P O Box 60263
Charlotte, NC 28260



TERMS 2% 10, NET 30 WHSE 54 SHIPPING POINT REILY FOODS CUST TERR 41 SLSM TERR 400 SALESMAN J SMITH CUSTOMER S PO NUMBER 204487

QUANTITY		REF CASE CODE		SIZE	PACK	DESCRIPTION	PER UNIT			AMOUNT	
ORDERED	SHIPPED	MFGR	ITEM				PRICE	ALLOWANCE	CHARGES		NET PRICE
16	16	4141010018		12/11	5 OZ	JFG BONUS BLD RG/	19 56	00		19 56	312 96
25	25	4141020221		12/2	OZ	JFG INSTANT COFFEE	13 03	00		13 03	325 75
1	1	4141030701		12/8	OZ	JFG MAYONNAISE	7 77	00		7 77	7 77
5	5	4141030723		12/8	OZ	JFG SANDWICH SPREAD	7 75	00		7 75	38 75
5	5	4141040903		12/12	OZ	JFG SMOOTH PNB	11 97	00		11 97	59 85

THANKS FOR YOUR ORDER
----- WE CARE -----

52 52 TOTAL
TOTAL WEIGHT 432
TOTAL CUBES 14

FREIGHT CLAIMS MUST BE SUPPORTED WITH
ORIGINAL CARRIERS EXCEPTION

INVOICE TOTAL AMOUNT \$ 745 08
CASH DISCOUNT IF EARNED \$ 14 90
AMOUNT DUE IF PAID BY 3/27/03 \$ 730 18

EXPRESS COMPUTER SUPPLY INC KENNER LA (504) 468-1000

MONTHLY STATEMENTS WILL NOT BE RENDERED

TO INSURE PROPER CREDIT PLEASE RETURN THE COPY WITH YOUR REMITTANCE

OFFICE RECORD