



UNITED STATES BANKRUPTCY COURT For the District of Delaware	PROOF OF CLAIM
---	-----------------------

In re HEAD DISTRIBUTING COMPANY	Case Number 03-10963
--	-----------------------------

NOTE: This claim 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.

Creditor Name (Person or entity debtor owes) Pierre Foods Inc. Address Line 1 Attention Rick Rumppler Address Line 2 9990 Princeton Road Address Line 3 City Cincinnati, OH ST ZIP 45246	<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
--	--

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 3096, 9017	<input type="checkbox"/> replaces <input type="checkbox"/> amends Check here if this claim _____ a previously filed claim dated _____.
--	--

1 BASIS FOR CLAIM <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries and compensation (Fill out below) <input type="checkbox"/> Money loaned <input type="checkbox"/> Other (Describe Briefly) Your social security No _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	2 Date Debt Incurred (MMDDYY) <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:20%;">03</td> <td style="width:20%;">25</td> <td style="width:20%;">03</td> </tr> </table> 3 If Court Judgment, Date Obtained <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:20%;"> </td> <td style="width:20%;"> </td> <td style="width:20%;"> </td> <td style="width:20%;"> </td> <td style="width:20%;"> </td> </tr> </table>	03	25	03					
03	25	03							

4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.

<input type="checkbox"/> SECURED CLAIM Attach evidence of perfection of security interest. Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____ <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.	<input type="checkbox"/> UNSECURED PRIORITY CLAIM - Specify the priority of the claim. <input type="checkbox"/> Wages, salaries or commissions (up to \$4,650), earned not more than 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) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> 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) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____
---	---

5 AMOUNT OF CLAIM AT TIME CASE FILED <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:20%;"> </td><td style="width:20%;"> </td><td style="width:20%;"> </td><td style="width:20%;"> </td><td style="width:20%;"> </td><td style="width:20%;"> </td> </tr> </table> (Secured)							<table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:20%;">7</td><td style="width:20%;">6</td><td style="width:20%;">7</td><td style="width:20%;">2</td><td style="width:20%;">0</td><td style="width:20%;">0</td> </tr> </table> (Unsecured Nonpriority)	7	6	7	2	0	0	<table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:20%;"> </td><td style="width:20%;"> </td><td style="width:20%;"> </td><td style="width:20%;"> </td><td style="width:20%;"> </td><td style="width:20%;"> </td> </tr> </table> (Unsecured Priority)						
7	6	7	2	0	0															
<input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.																				

6 CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor. 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8 TIME STAMPED COPY To receive an acknowledgment of the filing of your claim, enclosed a stamped, self-addressed envelope and copy of this proof of claim.	THIS SPACE IS FOR COURT USE ONLY
---	----------------------------------

THIS SPACE IS FOR COURT USE ONLY

Date 9/5/03	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) Richard Rumppler, Credit Manager
-----------------------	---

FILED
SEP 11 2003
BMC

Filing Companies Claim
11567

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571
Richard Rumppler 800-553-0282-X161

Pierre Foods, Inc
Coremark/Fleming Bankruptcy
Prepared by Rick Rumpler

Bankruptcy Case #	Cust #	Customer Name	Invoice Date	Invoice Number	Amount	P O #
03-10963	3096	Adel	3/25/2003	537640	\$ 4,091 50	179-0014410
	9017	Head Distributing	3/25/2003	537620	\$ 3,580 50	204254
		Head Distr Company			\$ 7,672 00	



Pierre Foods

TELEPHONE (513) 874-8741 • TOLL FREE 1-800-543-1604 • FAX (513) 874-1756

CUSTOMER NUMBER	CUSTOMER P O NUMBER	INVOICE NUMBER
0001 33 3096	179-0014410	0000537640
ORDER DATE	DELIVERY DATE	INVOICE/SHIP DATE
3/14/03	3/24/03	3/25/03
SHIPPED FROM		ORDER NO
INTERSTATE DISTRIBUTION		0557574
		TERMS
		NET 14

SPECIAL INSTRUCTIONS

SOLD TO	SHIP TO
ADEL GROCERY P O BOX 510 ADEL GA 31620	ADEL GROCERY 115 MAPLE STREET ADEL GA 31620

PRODUCT NO	QTY. ORDERED	QTY SHIPPED	UNIT	PRODUCT DESCRIPTION	PRICE	AMOUNT
0951	14	14	CS	FB BF CHARB W/CHS TWIN 3 7	15 3000	214 20
0954	14	14	CS	FB SPICY BRD CHICKEN 3 75	15 3000	214 20
0986	15	15	CS	H-N-R C-BAC/EGG/CHZ MUFF 4	13 4700	202 05
0987	30	30	CS	H-N-R SGE/EGG/CHZ BAGEL 6	13 4700	404 10
0990	30	30	CS	HOT-TO-GO SAU BISC 12PK 3	8 4500	253 50
0991	15	15	CS	HOT TO-GO SAU EGG&CHZ BIS 1	13 4700	202 05
0993	15	15	CS	H-N-R SPICY CHIX SAND 5	14 9300	223 95
0994	45	45	CS	H-N-R BBQ RIB SND 12PK 6	14 9300	671 85
0995	15	15	CS	H-N-R CHPHSE CHZBURGER 6	14 9300	223 95
0996	15	15	CS	H-N-R HONEY MUST CHIX 5	14 9300	223 95
1080	15	15	CS	SO FR CHX BRST 12PK 6 40	14 7200	220 80
1303	17	17	CS	FC CHIX SALAD WDGE 4 20	9 1300	155 21
1313	17	17	CS	FC HAM & CHEESE SUB 6 10	9 6500	164 05
1340	14	14	CS	DBL CHARBROIL 12 PK 8 00	14 9800	209 72
1350	14	14	CS	DBL PORK CHOP 12 PK 8 40	14 9800	209 72
1380	30	30	CS	FC BRD CHIX/CHS 12PK 5 30	9 9400	298 20

F O B DESTINATION DEDUCTIONS FOR DAMAGED OR SHORT SHIPMENTS MUST BE SUPPORTED WITH FREIGHT BILL BEARING PROPER NOTATION	TOTAL CASES	315 00	TOTAL POUNDS	1377 63	INVOICE TOTAL	4091 50
---	--------------------	--------	---------------------	---------	----------------------	---------

REMIT AND MAKE CHECKS PAYABLE TO:	PIERRE FOODS LOCATION # 00260 CINCINNATI OHIO 45264-0260
--	--



Pierre Foods

TELEPHONE (513) 874-8741 * TOLL FREE 1 800-543-1604 * FAX (513) 874-1756

CUSTOMER NUMBER	CUSTOMER P O NUMBER	INVOICE NUMBER
0001 33 9017	204254	0000537620
ORDER DATE	DELIVERY DATE	INVOICE/SHIP DATE
3/11/03	3/24/03	3/25/03
SHIPPED FROM		ORDER NO
INTERSTATE DISTRIBUTION		0556959
		TERMS
		NET 14

SPECIAL INSTRUCTIONS

SOLD TO

HEAD DISTRIBUTING
4820 NORTH CHURCH LANE
SYRMNA GA 30080

SHIP TO

HEAD DISTRIBUTING
4820 NORTH CHURCH LANE
SMYRNA GA 30080

PRODUCT NO	QTY ORDERED	QTY SHIPPED	UNIT	PRODUCT DESCRIPTION	PRICE	AMOUNT
0963	45	45	CS	H N-R CHIX N' GRAVY BISC 6	14 1500	636 75
0987	45	45	CS	H-N-R SGE/EGG/CHZ BAGEL 6	13 3300	599 85
0990	15	15	CS	HOT-TO-GO SAU BISC 12PK 3	8 3600	125 40
0994	30	30	CS	H-N-R BBQ RIB SND 12PK 6	14 7900	443 70
0995	60	60	CS	H-N-R CHPHSE CHZBURGER 6	14 7900	887 40
0996	60	60	CS	H-N-R HONEY MUST CHIX 5	14 7900	887 40

F O B DESTINATION DEDUCTIONS FOR DAMAGED OR SHORT SHIPMENTS MUST BE SUPPORTED WITH FREIGHT BILL BEARING PROPER NOTATION		TOTAL CASES	255 00	TOTAL POUNDS	1176 90	INVOICE TOTAL	3580 50
REMIT AND MAKE CHECKS PAYABLE TO.		PIERRE FOODS LOCATION # 00260 CINCINNATI OHIO 45264-0260					