

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

**PROOF OF CLAIM**



s163567

In re  
**Head Distributing Company**

Case Number  
**03-10963**

Scheduled Claim Ref # 20-F2 17405  
**YOUR CLAIM IS SCHEDULED AS**

~~\$20,899.76~~ UNSECURED

*30,107.98*

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**  
  
ALPHA BAKING COMPANY  
36230 TREASURY CTR  
CHICAGO IL 60694

0354429377700

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 *(773) 797-3350*

CREDITOR TAX ID # *31-0969495*

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR *80009/80006*

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** *2003*      **3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE** \$ *30,107.98* (unsecured)      \$ \_\_\_\_\_ (secured)      \$ *30,107.98* (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 \$20,899.76 CLAIM FOR COURT USE ONLY

**FILED**  
SEP 12 2003

**BMC**

Filing Companies Claim



12564

DATE SIGNED *9/11/03*

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).  
*Maile Cull*

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

36230 Treasury Center  
Chicago, IL 60694-6200

**Alpha Baking  
Company**



**Bill To** 80005  
Fleming-Core Mark  
P O Box 2547  
Attn Accounts Payable  
Fort Worth, TX 76113

**Ship To** 80009  
Fleming-Adel Warehouse  
115 Maple Street  
Adel, GA 31620

Route Number Default

8/31/1999 To 4/1/2003

Date	Document #	Document Type	Amount
2/1/2003	4733935	Invoice	\$2,100 00
3/7/2003	4862789	Invoice	\$5,784 57
3/14/2003	4899602	Invoice	\$7,712 07
3/21/2003	4933549	Invoice	\$7,403 12

**Total \$22,999 76**

<b>Current Due</b>	<b>30-60 Days</b>	<b>60-90 Days</b>	<b>Over 90 Days</b>	<b>Total Due</b>
<b>\$0 00</b>	<b>\$20,899 76</b>	<b>\$2,100 00</b>	<b>\$0 00</b>	<b>\$22,999 76</b>

36230 Treasury Center  
Chicago, IL 60694-6200

**Alpha Baking  
Company**



**Bill To** 80006  
Fleming-Atlanta-Head Dist  
4820 North Church Lane  
Smyrna, GA 30080

**Ship To** 80012  
Head Dist C/O Americoid  
1740 Westgate Parkway  
Atlanta, GA 30336

Route Number Default

8/31/1999 To 4/1/2003

Date	Document #
3/19/2003	4919273

Document Type	Amount
Invoice	\$7,108 22

**Total \$7,108 22**

Current Due	30-60 Days	60-90 Days	Over 90 Days	Total Due
\$0 00	\$7,108 22	\$0 00	\$0 00	\$7,108 22