

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

Name of Debtor

KMART CORPORATION

Case Number

02-B02474

PROOF OF CLAIM

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.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

CITY OF CORPUS CHRISTI

Name and address where notices should be sent:

**CITY OF CORPUS CHRISTI
LEGAL DEPARTMENT
1201 LEOPARD STREET
CORPUS CHRISTI, TX 78401**

Telephone number: **361-880-3382**

☐ 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 the address differs from the address on the envelope sent to you by the court.

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

FEB 25 2002

KENNETH C. GARDNER, CLERK
This Space is for Court Use Only
MAILROOM - KC

Account or other number by which creditor identifies debtor:

Accounts #82497-78918 & #82499-78920

Check here

☐ replaces
if this claim ☐ amends

A previously filed claim, dated: _____

1. Basis for Claim

☐ Goods sold☒ Services performed - **UTILITIES**☐ Money loaned☐ Personal injury/wrongful death☐ Taxes☐ Other _____

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (fill out below)

Your SS #: _____

Unpaid compensation for services performed
from _____ to _____
(Date) (date)

2. Date debt was incurred:
PRIOR TO 01/22/02

3. If court judgment, date obtained:

N/A

4. Total Amount of Claim at Time Case Filed:

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.

\$ 2,451.53

Amount of claim in addition to 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 set off.)

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, if any: \$ _____

6. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim
Amount entitled to priority \$ _____

Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,650)* earned within 90 days of the 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)(7).
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

*Amounts are subject to adjustment on 4/1/04 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 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 the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

This Space is for Court Use Only

Date **02/22/02**

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):

Joseph F. Harney, Assistant City Attorney

2/25/02 ML 368

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.

Bankruptcy Worksheet

Customer Name	K-Mart #4908
Service Address	5001 S Padre Island Dr.
Address	3100 W. Big Beaver Rd
City/State/Zipcode	Troy, MI 48084-3004
Account Number	82497-78918
Pre-Petition deposit	00.00
Filing Date	<u>1/22/02</u>
Case Number	02-B02474, Jointly Admin

'Bankruptcy Worksheet Calculation

1) Bill amount for month of filing		\$1,277.21
Number of days in billing cycle		29
Days in billing cycle before filing date		6
<i>(Count days from date of last cycle up to but not including filing date)</i>		
Filing month prorated bill		(NO ENTRY)
		\$264.25
2) Total balance owed prior to month of filing		
3) Total amount pre-petition		\$2,147.31
Pre-Deposit (Applied)	(total of 1&2)	\$2,411.56
Total amount due pre-petition/after deposit		\$0.00
	(amount of claim to be filed)	\$2,411.56

****Note Reminder to set up new account for all post-petition amounts**

POST-PETITION AMOUNT TRANSFERD TO

Month of filing- prorated billing cycle	<u>ACCOUNT #</u> 346097-78918
	(NO ENTRY)
a) Utility bill amount for month of filing	
Filing month pro-rated bill(pre-petition portion calculated above)	\$1,277.21
Total-post Petition	264.25
	\$1,012.96
b) Any other monthly bills owed after filing date	
c) Total Amount transfered to new account.	\$0.00
<i>(total of A&B (Post-Petition)</i>	\$1,012.96



MW 2/15/2002 12:13:45 PM

Customer ID 82497 Name K-MART #4908 (BK)
 Location ID 78918 Address 5001 S PADRE ISLAND DR CC
 Cycle/Route 09 / 13 Amount due 3,429.52
 Initiation date 11/24/93 Pending .00
 Termination date Customer/Location status A

Transaction Type	Transaction Date	Description	Amount	Reference Date	Running Balance
OF BILL	2/13/02	OFF CYCLE BILL	1277.21	2/15/02	3,429.52
LF ADJ	2/07/02	LATE FEE 2ND NOTICE	5.00	1/17/02	2,152.31
OF BILL	1/15/02	OFF CYCLE BILL	2142.31	1/17/02	2,147.31
OC PMT	1/10/02	TEMPCC 01100201	1842.69		5.00
OC PMT	12/17/01	CCPMJC 12170105	1747.24		1,847.69
OF BILL	12/13/01	OFF CYCLE BILL	1842.69	12/17/01	3,594.93
LF ADJ	12/06/01	LATE FEE 2ND NOTICE	5.00	11/14/01	1,752.24
OC PMT	11/19/01	CCPOSTMG 11190126	1167.81		1,747.24
					+

OK Exit Cancel Customer/Location functions

filed 1-22-02

*2-15-02
 Fungel
 mt / 29 days
 into 18226.
 7009 6 days*

*New Acct:
 346097-78918*

ADJUSTMENT LISTING & CANCEL REBILL
FOR
BANKRUPTCY ACCOUNTS

FROM ACCOUNT
TO ACCOUNT

82497 - 78918 (PRE-PETITION)
346097 - 78918 (POST-PETITION)

ADJUSTMENTS

ADJUST POST-PETITION AMOUNT ONLY

(OFF CYCLE BILL FOR \$ 1277.52 DATED 2-13-2 POST PETITION AMOUNT OF \$ 264.25
TOTAL ADJUSTMENTS \$264.25

BILLING

CANCEL OFF-CYCLE BILL

(REBILL EXACT AMOUNT TO POST-PETITION ACCOUNT)

DATED _____ FOR THE AMOUNT OF \$ _____

DATED _____ FOR THE AMOUNT OF \$ _____

DATED _____ FOR THE AMOUNT OF \$ _____

DATED _____ FOR THE AMOUNT OF \$ _____

DATED _____ FOR THE AMOUNT OF \$ _____

TOTAL CANCEL/REBILLS

\$ _____

PLEASE DELETE LATE CHARGES (do not transfer these charges)

DATED 2-7-2 FOR THE AMOUNT OF \$ 5.00

DATED _____ FOR THE AMOUNT OF \$ _____

DATED _____ FOR THE AMOUNT OF \$ _____

DATED _____ FOR THE AMOUNT OF \$ _____

DATED _____ FOR THE AMOUNT OF \$ _____

DATED _____ FOR THE AMOUNT OF \$ _____

DATED _____ FOR THE AMOUNT OF \$ _____

TOTAL CHARGES DELETED

\$ 5.00

Bankruptcy Worksheet

Customer Name	K-Mart #4908
Service Address	5001 S Padre Island Dr.
Address	3100 W. Big Beaver Rd.
City/State/Zipcode	Troy, MI 48084-3004
Account Number	82499-78920
Pre-Petition deposit	00.00
Filing Date	<u>1/22/02</u>
Case Number	02-B02474, Jointly Admin

'Bankruptcy Worksheet Calculation

1) Bill amount for month of filing		\$33.12
Number of days in billing cycle		29
Days in billing cycle before filing date		6
<i>(Count days from date of last cycle up to but not including filing date)</i>		
Filing month prorated bill		(NO ENTRY)
		\$6.85
2) Total balance owed prior to month of filing		
3) Total amount pre-petition		\$33.12
Pre-Deposit (Applied)	(total of 1&2)	\$39.97
Total amount due pre-petition/after deposit		\$0.00
	(amount of claim to be filed)	\$39.97

****Note Reminder to set up new account for all post-petition amounts**

POST-PETITION AMOUNT TRANSFER TO

Month of filing- prorated billing cycle	<u>ACCOUNT #</u> 346163-78920
	(NO ENTRY)
a) Utility bill amount for month of filing	
Filing month pro-rated bill(pre-petition portion calculated above)	\$33.12
Total-post Petition	6.85
	\$26.27
b) Any other monthly bills owed after filing date	
c) Total Amount transfered to new account.	\$0.00
<i>(total of A&B (Post-Petition))</i>	\$26.27



MW 2/15/2002 12:08:41 PM

Customer ID 82499 Name KMART #4908
 Location ID 78920 Address 5001 S PADRE ISLAND DR CC
 Cycle/Route 39 /13 Amount due 66.24
 Initiation date 12/01/93 Pending .00
 Termination date Customer/Location status A

Transaction Type	Transaction Date	Description	Amount	Reference Date	Running Balance	
OF BILL	2/13/02	OFF CYCLE BILL				
OF BILL	1/15/02	OFF CYCLE BILL	33.12	2/15/02	66.24	
OC PMT	1/08/02	TEMPCC 01080202	33.12	1/17/02	33.12	
OF BILL	12/13/01	OFF CYCLE BILL	291.17-		.00	
DR PMT	12/13/01	DEP REF:GOOD CREDIT	391.17	12/17/01	291.17	
OC PMT	12/04/01	CCPEI 12040112	100.00-		100.00-	
OF BILL	11/12/01	OFF CYCLE BILL	47.29-		.00	
OC PMT	11/06/01	CCPSG 11060123	47.29	11/14/01	47.29	
			47.29-		.00	
					+	

OK Exit Cancel Customer/Location functions

177-2

29 days

Final
 Int. 7/9/97

6 days

New 346163-78920

**ADJUSTMENT LISTING & CANCEL REBILL
FOR
BANKRUPTCY ACCOUNTS**

**FROM ACCOUNT
TO ACCOUNT**

82499 - 78920 (PRE-PETITION)
346163 - 78920 (POST-PETITION)

ADJUSTMENTS

ADJUST POST-PETITION AMOUNT ONLY

(OFF CYCLE BILL FOR \$ 33.12) DATED 2-13-2 POST PETITION AMOUNT OF \$ 6.85
TOTAL ADJUSTMENTS \$ 6.85

BILLING

CANCEL OFF-CYCLE BILL

(REBILL EXACT AMOUNT TO POST-PETITION ACCOUNT)

DATED _____ FOR THE AMOUNT OF \$ _____
DATED _____ FOR THE AMOUNT OF \$ _____
DATED _____ FOR THE AMOUNT OF \$ _____
DATED _____ FOR THE AMOUNT OF \$ _____
DATED _____ FOR THE AMOUNT OF \$ _____
\$ _____

TOTAL CANCEL/REBILLS

PLEASE DELETE LATE CHARGES (do not transfer these charges)

DATED _____ FOR THE AMOUNT OF \$ _____
DATED _____ FOR THE AMOUNT OF \$ _____
DATED _____ FOR THE AMOUNT OF \$ _____
DATED _____ FOR THE AMOUNT OF \$ _____
DATED _____ FOR THE AMOUNT OF \$ _____
DATED _____ FOR THE AMOUNT OF \$ _____
DATED _____ FOR THE AMOUNT OF \$ _____
\$ _____

TOTAL CHARGES DELETED