

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

Name of Debtor
KMART COPORATION, ET AL.

Case Number
02-B02474

PROOF OF CLAIM

FILED

UNITED STATES BANKRUPTCY COURT
 NORTHERN DISTRICT OF ILLINOIS

FEB 25 2002

KENNETH S. GARDNER
 MAILROOM - MM

THIS SPACE IS FOR COURT USE ONLY

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

- 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.

Name and address where notices should be sent:
PG ENERGY
ONE PEI CENTER BLDG B
WILKES BARRE PA 18711
 Telephone number: **1-888-657-2254**

Account or other number by which creditor identifies debtor:
SEE ATTACHED SHEET

Check here replaces a previously filed claim, dated: _____
 amends

- 1. Basis for Claim**
- Goods sold
 - Services performed
 - 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: 1/22/02

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 33,213,26

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, 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 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 4/1/04 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 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 the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date
2/19/02

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):
SANDY STEFANOWICZ CREDITOR & COLLECTIONS MANAGER

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2/25/02 ML 371

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
KMART CORPORATION, et al.,
Case No. 02-B02474 (Jointly Administered)

23 998 00321-6	Scranton-Carb Hwy	Scranton	\$9,652.60
21 991 04411-2	Route 11-15	Shamokin Dam	\$1,435.76
22 996 20271-3	Sans Souci Pkwy #05	Hanover Township	\$4,540.53
24 050 80001-0	Westfall # Town Center	Matamoras	\$2,538.05
24 100 19901-7	Honesdale # Plaza Route	Honesdale	\$3,086.93
21 991 22851-7	1520 W Front St	Berwick	\$3,695.65
22 998 81234-5	Birney Plaza #02	Moosic	\$6,029.66
22 996 20041-0	13 Mark Plz Shop Ctr	Edwardsville	\$1,199.70
22 626 46883-3	920 Wilkes Barre Twp Blvd	WBT Wilkes Barre	\$20.03
23 878 22166-4	Scranton Carb Hwy #244	Dickson City	\$857.54
21 301 71942-9	Loyal Plz Shop Ctr	Williamsport	\$17.66
80 105 19353-8	13 Mark Plz Shop Ctr	Edwardsville	\$139.15

TOTAL OF ACCOUNTS

\$33,213.26



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**COUNTER
BILL**

ACCOUNT NUMBER	[REDACTED]
23 998 00321-6	[REDACTED]
	9,652.60

K-MART #3047
ATTN: VENDOR PAYMENT DEPT
SCRANTON-CARB HWY
SCRANTON PA 18508



**COUNTER
BILL**

K-MART #3047
ATTN: VENDOR PAYMENT DEPT
SCRANTON-CARB HWY
SCRANTON PA 18508

[REDACTED]	ACCOUNT NUMBER
[REDACTED]	23 998 00321-6

CU-50-007 (2/92)

CUSTOMER RECEIPT

[REDACTED]	9,652.60
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MID NO. N86150

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COUNTER BILL

ACCOUNT NUMBER	[REDACTED]
21 991 04411-2	[REDACTED]
	1,435.76

K-MART STORE #7075
ATTN: VENDOR PAYMENT DEPT
RT 11-15
SHAMOKIN DAM PA 17876



COUNTER BILL

K-MART STORE #7075
ATTN: VENDOR PAYMENT DEPT
RT 11-15
SHAMOKIN DAM PA 17876

ACCOUNT NUMBER	21 991 04411-2
[REDACTED]	

CUSTOMER RECEIPT

[REDACTED]	1,435.76
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MID NO. N86150

CU-50-007 (2/92)

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COUNTER BILL

ACCOUNT NUMBER	[REDACTED]
22 996 20271-3	[REDACTED]
	4,540.53

K-MART 7125
 ATTN: VENDOR PAYMENT DEPT
 SANS SOUCI PKWY #05
 HANOVER TOWNSHIP PA 18706



COUNTER BILL

K-MART 7125
 ATTN: VENDOR PAYMENT DEPT
 SANS SOUCI PKWY #05
 HANOVER TOWNSHIP PA 18706

ACCOUNT NUMBER	22 996 20271-3
[REDACTED]	[REDACTED]

CUJ-50-007 (2/92)

CUSTOMER RECEIPT

[REDACTED]	4,540.53
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MID NO. N66150



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COUNTER
BILL



ACCOUNT NUMBER	[REDACTED]
24 050 80001-0	[REDACTED]
	2,538.05

K MART CORP #3884
RT 6 WESTFALL TWP PIKE CO
WESTFALL # TOWN CENTER M
MATAMORAS PA 18336

CU-50-007 (2/92)

CUSTOMER RECEIPT

COUNTER
BILL



K MART CORP #3884
RT 6 WESTFALL TWP PIKE CO
WESTFALL # TOWN CENTER M
MATAMORAS PA 18336

[REDACTED]	ACCOUNT NUMBER
[REDACTED]	24 050 80001-0

[REDACTED]	2,538.05
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MID NO. N86150



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COUNTER BILL

ACCOUNT NUMBER	[REDACTED]
24 100 19901-7	[REDACTED]
	3,086.93

K MART STORE #3885
HONESDALE # PLAZA ROUTE
HONESDALE PA 18431



COUNTER BILL

K MART STORE #3885
HONESDALE # PLAZA ROUTE
HONESDALE PA 18431

[REDACTED]	ACCOUNT NUMBER
[REDACTED]	24 100 19901-7

[REDACTED]	3,086.93
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CU-50-007 (2/92)

CUSTOMER RECEIPT

MID NO. N86150

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COUNTER BILL

ACCOUNT NUMBER	[REDACTED]
21 991 22851-7	[REDACTED]
	3,695.65

KMART CORP STORE 9161
ATTN VENDOR PAYMENT DEPT
1520 W FRONT ST
BERWICK PA 18603



COUNTER BILL

KMART CORP STORE 9161
ATTN VENDOR PAYMENT DEPT
1520 W FRONT ST
BERWICK PA 18603

[REDACTED]	ACCOUNT NUMBER
[REDACTED]	21 991 22851-7

CU-50-007 (2/92)

CUSTOMER RECEIPT

[REDACTED]	3,695.65
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MID NO. N86150



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**COUNTER
BILL**

ACCOUNT NUMBER	[REDACTED]
22 998 81234-5	[REDACTED]
	6,029.66

K-MART STORE #3264
ATTN: VENDOR PAYMENT DEPT
BIRNEY PLAZA #02
MOOSIC PA 18507

CU-50-007 (2/92)

CUSTOMER RECEIPT



**COUNTER
BILL**

K-MART STORE #3264
ATTN: VENDOR PAYMENT DEPT
BIRNEY PLAZA #02
MOOSIC PA 18507

[REDACTED]	ACCOUNT NUMBER
[REDACTED]	22 998 81234-5

[REDACTED]	6,029.66
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MID NO. N86150



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**COUNTER
BILL**



ACCOUNT NUMBER	[REDACTED]
22 996 20041-0	[REDACTED]
	1,199.70

K-MART STORE 3266
ATTN: VENDOR PAYMENT DEPT
13 MARK PLZ SHOP CTR
EDWARDSVILLE PA 18704

**COUNTER
BILL**



K-MART STORE 3266
ATTN: VENDOR PAYMENT DEPT
13 MARK PLZ SHOP CTR
EDWARDSVILLE PA 18704

CU-50-007 (2/92)

CUSTOMER RECEIPT

[REDACTED]	ACCOUNT NUMBER
[REDACTED]	22 996 20041-0

[REDACTED]	1,199.70
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MID NO. NB6150



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**COUNTER
BILL**



ACCOUNT NUMBER	[REDACTED]
22 626 46883-3	[REDACTED]
	20.03

K MART CORP #3268
ATTN: VENDOR PAYMENT DEPT
910 WILKES BARRE TWP BLVD
WBT WILKES BARRE PA 18702

CU-50-007 (2/92)

CUSTOMER RECEIPT

**COUNTER
BILL**



K MART CORP #3268
ATTN: VENDOR PAYMENT DEPT
910 WILKES BARRE TWP BLVD
WBT WILKES BARRE PA 18702

[REDACTED]	ACCOUNT NUMBER
[REDACTED]	22 626 46883-3

[REDACTED]	20.03
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MID NO. N66150



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**COUNTER
BILL**



ACCOUNT NUMBER	[REDACTED]
23 878 22166-4	[REDACTED]
	857.54

K MART CORPORATION #3047
SCRANTON CARB HWY #2444
DICKSON CITY PA 18519

**COUNTER
BILL**



K MART CORPORATION #3047
SCRANTON CARB HWY #2444
DICKSON CITY PA 18519

CU-50-007 (2/92)

CUSTOMER RECEIPT

[REDACTED]	ACCOUNT NUMBER
[REDACTED]	23 878 22166-4

[REDACTED]	857.54
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MID NO. N86150

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COUNTER BILL

ACCOUNT NUMBER	[REDACTED]
21 301 71942-9	[REDACTED]
	17.66

K-MART 3390
ATTN: VENDOR PAYMENT DEPT
LOYAL PLZ SHOP CTR
WILLIAMSPORT PA 17701



COUNTER BILL

K MART 3390
ATTN: VENDOR PAYMENT DEPT
LOYAL PLZ SHOP CTR
WILLIAMSPORT PA 17701

[REDACTED]	ACCOUNT NUMBER
[REDACTED]	21 301 71942-9

CU-50-007 (2/92)

CUSTOMER RECEIPT

[REDACTED]	17.66
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MID NO. N86150



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**COUNTER
BILL**



ACCOUNT NUMBER	[REDACTED]
80 105 19353-8	[REDACTED]
	139.15

KMART
C/O PROPERTY ACCOUNTING
13 MARK PLAZA SHOP CTR
EDWARDSVILLE PA 18704

CU-50-007 (2/92)

CUSTOMER RECEIPT



**COUNTER
BILL**

KMART
C/O PROPERTY ACCOUNTING
13 MARK PLAZA
EDWARDSVILLE PA 18704

[REDACTED]	ACCOUNT NUMBER
[REDACTED]	80 105 19353-8

[REDACTED]	139.15
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MID NO. N86150