

\*FILE ORIGINAL FOR CHAPTERS 7 and 11, IN DUPLICATE FOR CHAPTER 13, FOR DATE-STAMPED COPY, SEE #9 BELOW

<b>United States Bankruptcy Court</b>		<input type="checkbox"/> CH 7 <input type="checkbox"/> CH 13 <input checked="" type="checkbox"/> CH 11
Northern District of Illinois, Eastern Division		<b>PLEASE CHECK CHAPTER</b>
Name of Debtor KMART CORPORATION, et al		Case Number 02-B-02474
<b>NOTE:</b> 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		<b>PROOF OF CLAIM</b>
Name of Creditor (The person or other entity to whom the debtor owes money or property)  City of Midland		File Claim Form With:  United States Bankruptcy Court P. O. Box A3613 Chicago, Illinois 60690-3612  Creditor # _____  <b>THIS SPACE IS FOR COURT USE ONLY</b>
Name and Address Where Notices Should be Sent  City of Midland 333 W. Ellsworth Street Midland, MI 48640 Telephone No. 989-837-3395		
Account or other number by which creditor identifies debtor: 24877-11587; 24879-11587 19-11-18-301; 14-15-40-394		<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 type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Check here if this claim <input type="checkbox"/> amends <input type="checkbox"/> replaces a previously filed claim dated: _____		
<b>1. BASIS FOR CLAIM</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death Your social security number _____ <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other _____ Unpaid compensation for services performed <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114 (a) from _____ to _____ (date) (date)		
<b>2. DATE DEBT WAS INCURRED:</b> 12/30/00 & 12/31/01 <b>3. IF COURT JUDGMENT, DATE OBTAINED:</b>		
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ 101,831.92 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.		
<input checked="" type="checkbox"/> 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.		
<b>5. Secured claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral:  <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Personal Property</u>  Value of collateral: \$ 365,000; 1,157,300  Amount of arrearage and other charges at time case filed included in secured claim above, if any: \$ 100,191.28		<b>6. Unsecured Priority Claim</b> <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ 1,640.64 Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300), *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) <input type="checkbox"/> Contributions to an employee benefit plan-11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,950* 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"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child -11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input checked="" type="checkbox"/> Other—Specify applicable paragraph of 11 U.S.C. § 507(a) <u>MCL § 123.162</u> *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
<b>7. CREDITS:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>8. SUPPORTING DOCUMENTS:</b> 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. ANY ATTACHMENT MUST BE 8-1/2" BY 11" <b>9. DATE-STAMPED COPY:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and an additional copy of this proof of claim.		<b>THIS SPACE IS FOR COURT USE ONLY</b> KP617  3/18/02 BANKRUPTCY
Date: 3-13-02	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) James O. Branson III (P42235) City Attorney	
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

[illegible]

NAME: K-Mart / Burr Wolfe LP  
ACCOUNT NO: 14-15-40-394  
BANKRUPTCY FILE DATE: 2002

# BANKRUPTCY WORKSHEET

[illegible]

CITY OF MIDLAND  
333 W. ELLSWORTH  
MIDLAND, MICHIGAN 48640  
WINTER 2001 PROPERTY TAX BILL

Mail Remittance with top Portion of Bill to:  
Treasurer  
City of Midland  
P.O. Box 1647  
Midland, MI 48641-1647

PROPERTY CODE ID NUMBER  
14-15-40-394 11587

TOTAL PAYMENT DUE  
22,502.42

KMART CORP  
BURR WOLFE LP  
P O BOX 22799  
HOUSTON TX 77227

PROPERTY INFORMATION

Tax Roll: REAL PROPERTY

Property Assessed to: KMART CORP  
BURR WOLFE LP  
P O BOX 22799  
HOUSTON TX 77227

Property Address: 1800 S SAGINAW RD

Property Code: 14-15-40-394  
Class Type: COMMERCIAL IMPROVED

Property Description:

BEG 33 FT S.434.55 FT E & S 38 DEG 38 MIN 50 SEC E 333 FT  
FROM S 1/8 COR ON NS 1/4 LN OF SEC 15,S 38 DEG 38  
MIN 50 SEC E 312.43 FT.S 51 DEG 21 MIN 10 SEC W  
327 FT.N 38 DEG 38 MIN 50 SEC W 5.1 FT.S 51 DEG 21 MIN 10  
SEC W 303 FT.N 38 DEG 38 MIN 50 SEC W 415.85 FT.WLY  
48.8 FT.NLY 45 FT.ELY 14.61 FT.N 51 DEG 21 MIN 10  
SEC E 397.99 FT.S 38 DEG 38 MIN 50 SEC E 165 FT.N 51 DEG  
21 MIN 10 SEC E 230 FT TO BEG

COMPUTATION OF TAXES

Assessed Value: 1,157,300 Homestead Value: 0  
Equalized Factor: 1.0000 % Home Declare: 0  
Equalized Value: 1,157,300  
Taxable Value: 1,068,400

Tax Description	Millage Rate	Tax Dollars
MPS SUPPLEMENTAL	1.426500	1,524.07
MPS OPERATING	7.573500	8,091.52
MCESA OPERATING	.587800	628.00
STATE EDUCATION TAX	3.000000	3,205.20
COUNTY AMBULANCE	.520000	555.56
COUNTY 911 DISPATCH	.400000	427.36
COUNTY GYPSY MOTH	.300000	320.52
COUNTY MOSQUITO	.340000	363.25
COUNTY OPERATING	4.895500	5,230.35
COUNTY ROADS	1.000000	1,068.40
COUNTY SENIOR CITIZENS	.660000	705.14
PUBLIC TRANSPORTATION	.150000	160.26

Total Taxes 22,279.63  
1% Tax Administration fee 222.79  
Specials -

Total Specials .00

TOTAL PAYMENT DUE 22,502.42

MESSAGE TO TAXPAYER

Taxes are based upon 1 mill - \$1.00 per 1000 of taxable value.  
A 4% late penalty collection fee will be levied on all taxes remaining  
unpaid after February 14, 2002. Delinquent real and special property  
taxes are payable to the Midland County Treasurer beginning March 1,  
2002 with additional penalties.

Hours: 8:00 a.m. to 5:00 p.m. Monday through Friday.  
Night Depository available 24 hours a day - located at the main  
entrance of City Hall, 333 W. Ellsworth, Midland  
Phone: Treasurer (989) 837-3315 Fax: (989) 837-5706  
Phone: Assessor (989) 837-3334 Fax: (989) 835-2378

TAXING UNIT FISCAL YEAR

Authority	Fiscal Year	Tax Dollars
City	07/01/2001 to 06/30/2002	.00
County	01/01/2002 to 12/31/2002	8,830.84
School	07/01/2001 to 06/30/2002	9,615.59
MCESA/ISD	07/01/2001 to 06/30/2002	628.00
Delta College	07/01/2001 to 06/30/2002	.00
Special Assessment		.00

(1) State Education Tax levied by the State of Michigan  
(2) Levied against non-homestead property only  
(3) Levied against all property

CITY OF MIDLAND  
333 W. ELLSWORTH  
MIDLAND, MICHIGAN 48640  
WINTER 2001 PROPERTY TAX BILL

Mail Remittance with top Portion of Bill to:

Treasurer  
City of Midland  
P.O. Box 1647  
Midland: MI 48641-1647

PROPERTY CODE  
19-11-18-301

ID NUMBER  
20728

TOTAL PAYMENT DUE  
7,687.55

KMART CORPORATION  
BURR WOLFE LP  
P O BOX 6568  
SILOAM SPRINGS AR 72761

PROPERTY INFORMATION

COMPUTATION OF TAXES

Tax Roll: PERSONAL PROPERTY

Property Assessed to: KMART CORPORATION  
BURR WOLFE LP  
P O BOX 6568  
SILOAM SPRINGS AR 72761

Property Address: 1820 S SAGINAW

Property Code: 19-11-18-301  
Class Type: COMMERCIAL PER BUS

Property Description:

Assessed Value: 365.000 Homestead Value: 0  
Equalized Factor: 1.0000 % Home Declare: 0  
Equalized Value: 365.000  
Taxable Value: 365.000

Tax Description	Millage Rate	Tax Dollars
MPS OPERATING	9.000000	3,285.00
MCESA OPERATING	.587800	214.54
STATE EDUCATION TAX	3.000000	1,095.00
COUNTY AMBULANCE	.520000	189.80
COUNTY 911 DISPATCH	.400000	146.00
COUNTY GYPSY MOTH	.300000	109.50
COUNTY MOSQUITO	.340000	124.10
COUNTY OPERATING	4.895500	1,786.85
COUNTY ROADS	1.000000	365.00
COUNTY SENIOR CITIZENS	.660000	240.90
PUBLIC TRANSPORTATION	.150000	54.75

Total Taxes 7,611.44  
1% Tax Administration fee 76.11  
Specials -

Total Specials .00

TOTAL PAYMENT DUE 7,687.55

MESSAGE TO TAXPAYER

TAXING UNIT FISCAL YEAR

Taxes are based upon 1 mill - \$1.00 per 1000 of taxable value.  
A 4% late penalty collection fee will be levied on all taxes remaining  
unpaid after February 14, 2002. Delinquent real and special property  
taxes are payable to the Midland County Treasurer beginning March 1,  
2002 with additional penalties.

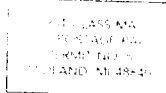
Hours: 8:00 a.m. to 5:00 p.m. Monday through Friday.  
Night Depository available 24 hours a day - located at the main  
entrance of City Hall, 333 W. Ellsworth, Midland  
Phone: Treasurer (989) 837-3315 Fax: (989) 837-5706  
Phone: Assessor (989) 837-3334 Fax: (989) 835-2378

Authority	Fiscal Year	Tax Dollars
City	07/01/2001 to 06/30/2002	.00
County	01/01/2002 to 12/31/2002	3,016.90
School	07/01/2001 to 06/30/2002	3,285.00
MCESA/ISD	07/01/2001 to 06/30/2002	214.54
Delta College	07/01/2001 to 06/30/2002	.00
Special Assessment		.00

(1) State Education Tax levied by the State of Michigan  
(2) Levied against non-homestead property only  
(3) Levied against all property

## CITY OF MIDLAND

333 W. ELLSWORTH - MIDLAND, MI 48640 - (989) 837-3341

AFTER DUE DATE PAY  
TO CITY MAIL CENTER

ACCOUNT NUMBER

24877-11587

CYCLE

03-06

BILL DATE

2/05/02

RETURN SERVICE REQUESTED

SERVICE ADDRESS

1800 S SAGINAW RD

SERVICE PERIOD

12/6/01 To 2/1/02

# OF DAYS

57

Service Curr Read Prev Read Usage

Description Of Charges	Amount
WA TGAL 17848 17665 183	
WA WATER SERVICE	227.46
SW SEWER SERVICE R/WTR	270.23

TOTAL CURRENT CHARGES	497.69
PREVIOUS BALANCE	835.23
<b>TOTAL DUE</b>	<b>1,332.92</b>

Pay 1,466.21 After 3/05/02

TO AVOID LATE CHARGE, THIS STUB WITH PAYMENT MUST BE RECEIVED BY THE CITY TREASURER BEFORE 5:00 p.m. ON ABOVE DUE DATE

BILL DATE

2/05/02

DUE DATE

3/05/02

CYCLE

03-06

ACCOUNT NUMBER

24877-11587

**TOTAL DUE**

1,332.92

K MART STORE 7068

VENDOR PAYMENT DEPT P BOX 5011

BANKRUPTCY CASE #02-B02474

TROY MI 48007-3703

## CITY OF MIDLAND

333 W. ELLSWORTH MIDLAND, MI 48640 - (989) 837-3341

AFTER DUE DATE PAY  
TO CITY HALL ONLY

THIS BILL MAY BE  
PAID BY DEPOSIT  
SLIP TO  
MIDLAND CITY BANK

ACCOUNT NUMBER  
24879-11587CYCLE  
03-06BILL DATE  
2/05/02

RETURN SERVICE REQUESTED

SERVICE ADDRESS

1800 S SAGINAW RD

Description Of Charges

Amount

SERVICE PERIOD # OF DAYS  
11/30/01 To 2/01/02 63

F2 FIRE PROTECTION 6GT

46.47

TOTAL CURRENT CHARGES	46.47
PREVIOUS BALANCE	153.36
TOTAL DUE	199.83
DUE DATE	

Pay 219.81 After 3/05/02

TO AVOID LATE CHARGE, THIS STUB WITH PAYMENT MUST BE RECEIVED BY THE CITY TREASURER BEFORE 5.00 p.m. ON ABOVE DUE DATE

BILL DATE DUE DATE CYCLE  
2/05/02 3/05/02 03-06ACCOUNT NUMBER  
24879-11587

TOTAL DUE

199.83

K MART STORE 7068 FP  
VENDOR PMT DEPT PO BOX 5011  
TROY MI 48007-5011  
BANKRUPTCY CASE #02-B02474



City Hall • 333 West Ellsworth Street • Midland, Michigan 48640 • 989.837.3300 • 989.835.2717 Fax • [www.midland-mi.org](http://www.midland-mi.org)

March 13, 2002

KMART Corporation  
c/o Trumbull Services  
PO Box 426  
Windsor, Connecticut 06095

RE: Debtor: KMART Corporation, et al.  
Case No.: 02-B-02474

Dear Sir/Madam:

Enclosed for filing is the original and one copy of the Proof of Claim, with attachments, in regards to the above-referenced case. Please return a time stamped copy to our office in the enclosed self-addressed stamped envelope.

If you should have any questions or comments, please feel free to contact our office at (989) 837-3395.

Sincerely,

Lesley A. Kovacevich  
Legal Assistant  
City Attorney's Office

Enclosures