B10 (Official Form 10)
(Rev. 7/95)

United States Bankruptcy Court
NORTHERN District of ILLINOIS

PROOF OF CLAIM

In re (Name of Debtor)
Kmart Corporation

Case Number
02-02474

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.

Name of Creditor
(The person or other entity to whom the debtor owes money or property)
Imperial Art, Inc

Name and Address Where Notices Should be Sent
2030 W. RASCHER
CHICAGO IL 60625

Telephone No. 773 728-8160

☐ 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
MAR 8 2002
KENNETH S. GARDNER
MAILROOM - MM

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ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:
Kmart

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

1. BASIS FOR CLAIM
- ☒ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other (Describe briefly)
- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
- ☐ Wages, salaries, and compensation (Fill out below)
  Your social security number_____
  Unpaid compensation for services performed
  from_____ (date) to _____ (date)

2. DATE DEBT WAS INCURRED
10/01 - 11/01

3. IF COURT JUDGMENT, DATE OBTAINED:

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.

☐ SECURED CLAIM $_____
Attach evidence of perfection of security interest
Brief Description of Collateral:
☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any $_____

☒ UNSECURED NONPRIORITY CLAIM $ 60,942.00
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.

☐ UNSECURED PRIORITY CLAIM $_____
Specify the priority of the claim.

- ☐ Wages, salaries, or commissions (up to $4000),* 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)
- ☐ Contributions to an employee benefit plan—11 U.S.C. § 507(a)(4)
- ☐ Up to $1,800* 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 of 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 4/11/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED:
$ 60,942.00 (Unsecured) + $_____ (Secured) + $_____ (Priority) = $ 60,942.00 (Total)

☐ 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 acknowledgement of the filing of your claim, enclose a stamped, self-addressed enveloped and copy of this proof of claim.

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3/8/02
662 80

Date
3-6-02

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)
Elena Mendez CREDIT MANAGER
Elena Mendez credit Manager

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.

IMPERIAL ART INC.
A/R Aging QuickZoom
As of February 18, 2002

	Date	Num	P. O. #	Terms	Due Date	Aging	Open Balance
DC INVOICING DEPT							
KMART CORPORATION	10/03/2001	16149	8287 385851	Net 30	11/02/2001	108	5,040.00
3100 W. BUG BEAVER RD	11/08/2001	16469	8298 422852	Net 30	12/08/2001	72	4,578.00
TROY, MI 48084-3163	11/08/2001	16470	8299 350629	Net 30	12/08/2001	72	3,108.00
	11/08/2001	16471	8303 398354	Net 30	12/08/2001	72	5,376.00
	11/08/2001	16472	8305 420887	Net 30	12/08/2001	72	5,460.00
	11/08/2001	16473	8275 453199	Net 30	12/08/2001	72	3,612.00
	11/08/2001	16468	8292 391665	Net 30	12/08/2001	72	5,334.00
	11/08/2001	16467	8290 350951	Net 30	12/08/2001	72	5,208.00
	11/08/2001	16466	8289 403167	Net 30	12/08/2001	72	4,368.00
	11/08/2001	16465	8288 353279	Net 30	12/08/2001	72	2,856.00
	11/08/2001	16464	8287 401675	Net 30	12/08/2001	72	2,898.00
	11/08/2001	16463	8274 348888	Net 30	12/08/2001	72	4,158.00
	11/08/2001	16461	8272 380253	Net 30	12/08/2001	72	2,982.00
	11/08/2001	16460	8270 301649	Net 30	12/08/2001	72	2,940.00
	11/08/2001	16462	8273 664052	Net 30	12/08/2001	72	3,024.00
Total DC INVOICING DEPT							60,942.00
TOTAL							**60,942.00**