FORM B10 (Official Form 10) (4/98) USBC, Illinois Northern (4/1/98)

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

United States Bankruptcy Court
Northern District of Illinois, Eastern Division

☐ CH 7 ☐ CH 13 ☒ CH 11
PLEASE CHECK CHAPTER

Name of Debtor	Case Number
KMART CORPORATION, et al., Debtors	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. § 503

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

ROECA, LOUIE & HIRAOKA

Name and Address Where Notices Should be Sent

900 Davies Pacific Center
841 Bishop Street
Honolulu, HI 96813

Telephone No. (808) 538-7500

☐ 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.

File Claim Form With:

United States Bankruptcy Court
P. O. Box A3613
Chicago, Illinois 60690-3612

Creditor # _____

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Account or other number by which creditor identifies debtor:

298

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

1. BASIS FOR CLAIM

☐ Goods sold
☐ Money loaned
☐ Taxes
☐ Retiree benefits as defined in 11 U.S. C. § 1114 (a)
☒ Services performed
☐ Personal injury/wrongful death
☐ Other _____
☐ 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: 6/01 - 1/02

3. IF COURT JUDGMENT, DATE OBTAINED:

4. Total Amount of Claim at Time Case Filed: $8150.77
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: $_____

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
MAR 08 2002
KENNETH S. GARDNER, CLERK
TEAM - B

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
Amount entitled to priority $ _____
Specify the priority of the claim:
☐ 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)
☐ Contributions to an employee benefit plan-11 U.S.C. § 507(a)(4)
☐ 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)
☐ 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 units11 U.S.C. § 507(a)(8)
☐ Other—Specify applicable paragraph of 11 U.S.C. § 507(a)_____
Amounts are subject to adjustment on 4/1/98 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. ANY ATTACHMENT MUST BE 8-1/2" BY 11"

9. DATE-STAMPED COPY: 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.

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3/8/02

665 RO

Date:	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)
3/4/2002	Marie A. Sheldon

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 and3571.

Primary Attorney: 2 DAVID M. LOUIE

Client	Name	0-30	31-60	61-90	91-120	121-150	151+	Bal Due
298.005M	KMART CORPORATION	0.00	239.58	0.00	178.52	0.00	0.00	418.10
298.048M	CAMBRIDGE INTEGRATED SERVICES GROUP, IHD	0.00	0.00	0.00	0.00	0.00	213.06	213.06
298.052M	CAMBRIDGE INTEGRATED SERVICES GROUP, IHD	0.00	110.11	276.06	0.00	0.00	0.00	386.17
298.073M	INTEGRATED HEALTHCARE DELIVERY SERVICES	0.00	0.00	22.57	0.00	0.00	0.00	22.57
298.076M	INTEGRATED HEALTH CARE DELIVERY SERVICES	0.00	0.00	121.00	0.00	104.72	0.00	225.72
298.078M	INTEGRATED HEALTCARE	0.00	43.75	199.34	16.92	0.00	0.00	260.01
298.079M	CAMBRIDGE INTEGRATED SERVICES GROUP, INC	0.00	744.09	280.05	0.00	0.00	0.00	1024.14
298.081M	CAMBRIDGE INTEGRATED SERVICES GROUP, INC	0.00	637.04	0.00	0.00	0.00	0.00	637.04
298.082M	KMART CUSTOMER SERVICE UNIT	0.00	2976.23	76.18	134.33	0.00	0.00	3186.74
298.083M	KMART CUSTOMER SERVICE UNIT	0.00	92.05	939.36	0.00	0.00	0.00	1031.41
298.084M	SEDGWICK CLAIMS MANAGEMENT SERVICES, INC	0.00	126.30	60.13	0.00	0.00	0.00	186.43
298.085M	SEDGWICK CLAIMS MANAGEMENT SERVICES, INC	0.00	559.38	0.00	0.00	0.00	0.00	559.38
298	SEDGWICK CLAIMS MANAGEMENT SERVICES, INC	0.00	5528.53	1974.69	329.77	104.72	213.06	8150.77
	Totals	0.00	5528.53	1974.69	329.77	104.72	213.06	8150.77