

CH 7 CH 13 CH 11
PLEASE CHECK CHAPTER

United States Bankruptcy Court

Northern District of Illinois, Eastern Division

Name of Debtor
K Mart Corporation

Case Number
02-02474

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

File Claim Form With:
United States Bankruptcy Court
P. O. Box A3613
Chicago, Illinois 60690-3612

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

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.

Name and Address Where Notices Should be Sent
**Taylor Law Firm, attn: Chris Mitchell
PO Box 3457
Fayetteville, AR 72702
Telephone No. (479) 443-5222**

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.

Creditor # _____
THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:
N/A

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 **8/20/01** to **12/05/01**
(date) (date)

2. DATE DEBT WAS INCURRED: 8/20/01 - 12/5/01

3. IF COURT JUDGMENT, DATE OBTAINED: N/A

4. Total Amount of Claim at Time Case Filed: \$ 464.92
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 above, if any: \$ _____

6. Unsecured Priority Claim

Check this box if you have an unsecured priority claim
Amount entitled to priority \$ **464.92**
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 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 4/1/98 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.

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
MAR 1 1 2002
KATHLEEN S. GARDNER
MAIL ROOM - MM

Date:
3/1/02

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)
Chris D. Mitchell, attorney for creditor

NOTICE

The preceding page is a copy of the creditor's original proof of claim which contains their social security number. This number has been blacked out for privacy reasons. Following is the creditor's original proof of claim showing the creditors social security number.

TRUMBULL SERVICES, LLC

*FILE ORIGINAL FOR CHAPTER 7 ~~11~~, IN DUPLICATE FOR CHAPTER 13, FOR DEBTEE-STAMPED COPY, SEE #9 BELOW

United States Bankruptcy Court Northern District of Illinois, Eastern Division		<input type="checkbox"/> CH 7 <input type="checkbox"/> CH 13 <input type="checkbox"/> CH 11 PLEASE CHECK CHAPTER
Name of Debtor K Mart 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		PROOF OF CLAIM File Claim Form With: United States Bankruptcy Court P. O. Box A3613 Chicago, Illinois 60690-3612 Creditor # _____ THIS SPACE IS FOR COURT USE ONLY
Name of Creditor (The person or other entity to whom the debtor owes money or property) Lori Arhangelsky	<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.	
Name and Address Where Notices Should be Sent Taylor Law Firm, attn: Chris Mitchell PO Box 3457 Fayetteville, AR 72702 Telephone No. (719) 443-5222	Account or other number by which creditor identifies debtor: N/A	
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114 (a)		<input checked="" type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number 430-661-0368 Unpaid compensation for services performed from 8/20/01 to 12/05/01 <small>(date) (date)</small>
2. DATE DEBT WAS INCURRED: 8/20/01 - 12/5/01		3. IF COURT JUDGMENT, DATE OBTAINED: N/A
4. Total Amount of Claim at Time Case Filed: \$ 464.92 It all or part of your claim is secured or entitled to priority, also complete item 5 or 6 below. <input 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.		
5. Secured claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim above, if any: \$ _____	6. Unsecured Priority Claim <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ 464.92 Specify the priority of the claim: <input checked="" 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 type="checkbox"/> Other—Specify applicable paragraph of 11 U.S.C. § 507(a) _____ <small>*Amounts are subject to adjustment on 4/1/88 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
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.		FILED THE UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS MAIL ROOM - MM MARCH 1 2002 KATHLEEN B. GARDNER
Date: 3/1/02	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) Chris D. Mitchell, Attorney for creditor	

ARKANSAS DEPARTMENT OF LABOR
10421 West Markham
Little Rock, Arkansas 72205

WAGE CLAIM

CLAIMANT:

1. Full Name: Mr. Mrs. Miss Ms. Lori Michelle Arhangelky

2. Address 2312 W. Locust Rogers AR 72756
number & street apt. no. city state zip code

3. Social Security No. 430-61-0368 4. Phone #: Res 501 246-0480 Bus 501 936-8414

5. Nearest relative not living with you Shirley Hare 817 847-0699
name phone
512 Thompson dr. Saginaw TX 76109
address

EMPLOYER WHOM YOU WISH TO FILE CLAIM AGAINST:

6. Employer or Business Name: Super K-mart

7. Address: 2115 W. Walnut Rogers AR 72756
Street/Route City State Zip Code

8. Mailing Address: 3100 West Big Beaver Tray Michigan 48084-3163
Street/Route City State Zip Code
Corporation

9. Owner of Business: Unknown

10. Telephone Number: 501 621-5737 11. Type of Business Dept. Store / Grocery

12. Is employer still in business? Yes

If not, list employer's complete home address: _____

WAGES DUE:

13. Please check: Wages Vacation _____ Bonus _____ Commission _____ Severance _____
Sick Pay _____ Holiday _____ Other (explain) _____

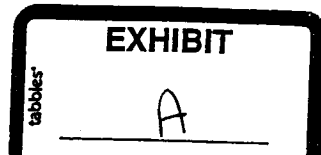
14. List the dates for work performed, or other item(s) checked on Line 13 above:
08/20/01 to 12/05/01
(mo/da/yr) (mo/da/yr)

15. No. Hrs. 52.25 days _____ wks. 10 mos. _____ 16. Rate of pay 7.75 per hr.

17. Amount Earned for period in 14 above \$ 404.94

18. Amount Received \$ 0

19. Amount Still Due.....s 404.94



20. If you are claiming commissions, state whether or not you were paid a "draw" or a salary in addition to your commissions. If you are claiming vacation pay, sick leave pay, severance pay, or holiday pay, explain the employer's policy under which you feel entitled to the wages.

21. Remarks: _____

OTHER INFORMATION:

22. Who hired you? Ken Warner Date hired: 06/25/01 Date left: 12/9/01

23. What type of work did you do? Sales Associate

24. Supervisor's name: Nancy Sprinkle 25. Still employed? NO

26. If not, did you quit? yes Were you discharged or laid off? NO

27. Reason for quitting, discharge or layoff: wouldnt pay me hours I worked

28. Have you asked for your wages? yes Whom did you ask? Judy Reagle

29. When did you ask? 1st time on 8/31/01 What reason was given? ell check into it

30. Is there a union? NO Name of union _____

31. Have you filed a grievance with your union? _____

32. Are you presently employed? yes 33. Total income earned past 12 months \$ 17,000

34. Do you have any documents to support your claim; such as receipts, time records, pay stubs, statements, written agreement, written company policy or employee handbook? If so, please attach. Any witnesses to support your claim? yes If yes, provide name, address, and telephone number.

35. Please state in your own words what happened:

On August 20th 2001 Big Kmart turned into Super K-mart became Grocery Dept. Store Supercenter. We went from bi-weekly pay to weekly pay we got new time clocks + new pay periods and that's when the hour discrepancy began to show: I talked to personell on the 31st of Aug. + on several other occasions about the hour missing

On my checks over a period of
10 weeks. I also didn't receive all
my Commission pay I earned we
make 1% of all 100.00 in sales
And 1% of all warranty sales we make
they never honored that as well.
This is the reason for my leaving
the company. prior to I spoke with
Ken Warner the store director on
11/24/01 about all of my Commission
and he informed me he would
take care of it to no avail he did
not. This is the reason for this
claim & if its investigated you'll
find I'm not the only one!

I HEREBY CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I HEREBY ASSIGN THE WAGES DUE ME TO THE DIRECTOR OF LABOR TO COLLECT UNDER ACT 86 OF 1937.

I HEREBY AUTHORIZE THE DIRECTOR OF LABOR TO MAIL MY CHECK PAID ON THIS CLAIM, AT MY OWN RISK, TO THE ADDRESS GIVEN.

Signed: Roni Archangelosky
Dated: 01/03/02

Claims in excess of \$1,000 are not acceptable in accordance with Ark. Code Ann. §11-4-301

This form must be **COMPLETELY** filled out and signed before we can process your claim. If it is not completed it will be returned to you for completion.

In order for your claim to be processed, you must return the original wage claim form.

(Do not write below this line)

Taken By _____ Date Received _____

Claim No. _____ Disposition _____ Date _____

8/31 - 20.25 → 19.5
9/7 - 24.5 → 10.25
9/21 - 22.5 → 22.5
9/28 - 22. → → 8.5
10/5 - 5.75 → 5.75
10/12 - 20. → → 13.75
11/21 - 21.5 → → 20.75
11/30 14. → → 14.
12/7 - 17.5 → → 4.75
12/14 - 13.5 → → 8.

52.25 hrs
difference

EXHIBIT

tabbles

B

AUGUST 2001

JULY '01

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
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29	30	31				

SEPTEMBER '01

S	M	T	W	T	F	S
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30						

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

TODO:

			1	2	3 off	4 11:00-7:30 8
5 4:30 10:30 6	6 off 4:30-10:30 Extended CIVIC HOLIDAY(CAN) 7	7 off	8 4:30 10:30 6	9 4:30-10:30 6	10 off	11 4:30-8:30 6
12 2:00-4:30 6	13 off 92-83 ARC	14 4:30 10:30 6	15 Grandma doctor 8:15	16 off	17 off	18 11:30-7:30 8
19 7:00 12:30-5:00 6:00	20 off 4:30-10:30 6	21 off	22 4:30-10:30 6/20:25	23 off	24 5:50 4:30-10:30 6:45	25 off
26 2-10:30 6:00 6	27 off	28 4:30 10:30 6	29 off	30 5:30 10:30	31 off	

SEPTEMBER 2001

AUGUST '01

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26	27	28	29	30	31	

OCTOBER '01

S	M	T	W	T	F	S
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27	28	29	30	31		

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

TODAY: ~~Monday 11th~~ ~~Tuesday 12th~~ wed 5th
 Tuesday 11th

4:30
10:30

2 11:00 5:30	3 11:30 8:00 LABOR DAY LABOUR DAY(CAN)	4 11:00	5 4:30 10:30	6 11:00	7 11:00	8 2:00 10:30
9 12:00 8:30	10 4:30 20:30 1:30 or 5:00	11 11:00	12 11:00	13 11:00	14 11:00	15 11:00 7:30
16 2:00 10:30	17 11:00 ROSH HASHANAH BEGINS AT SUNDOWN	18 11:00 ROSH HASHANAH	19 4:30 10:30	20 11:00	21 called in	22 11:00
23 11:00 7:00-3:30 called in	24 called in	25 11:00	26 4:30 10:30 YOM KIPPUR BEGINS AT SUNDOWN	27 4:30 10:30 YOM KIPPUR	28 11:00	29 8:00 4:30

OCTOBER 2001

SEPTEMBER '01

S M T W T F S
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 2 3 4 5 6 7 8
 9 10 11 12 13 14 15
 16 17 18 19 20 21 22
 23 24 25 26 27 28 29
 30

NOVEMBER '01

S M T W T F S
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 11 12 13 14 15 16 17
 18 19 20 21 22 23 24
 25 26 27 28 29 30

SEINDAY

ATURDAY

	1 OBB	2 4:30 10:30 W.F.T.	3 OBB	4 OBB	5 OBB	6 8:00 - 4:30
7 2:00 10:30	8 4:30 10:30 worked COLUMBUS DAY THANKSGIVING DAY (CAN)	9 OBB	10 4:30 10:30	11 OBB	12 4:30 Dean OBB A	13 8:00 4:30
14 2:00 10:30	15 OBB	16 OBB	17 10:00 AM 4:30 10:30	18	19 Jeds Jeds	20
21	22	23	24	25	26	27
28	29	30	31	TODO: _____ _____ _____ _____ _____		

DAYLIGHT SAVINGS
TIME ENDS

HALLOWEEN

NOVEMBER 2001

OCTOBER '01
 S M T W T F S
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DECEMBER '01
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 30 31

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

TO DO

	1	2	3			
4	5	6	7	8	9 4:30 10:00	10 8:00 4:30
11 8:00 4:30 VETERAN'S DAY REMEMBRANCE DAY (CAN)	12 loan due	13	14	15	16	17 11:00 1:30
18 8:00 2:00	19 red hair	20 4:30 10:00	21	22 6:00 10:00 THANKSGIVING DAY	23	24 1:30 10:00
25	26	27	28 4:30 10:00 get go at 7:30	29	30	

DECEMBER 2001

NOVEMBER '01
 S M T W T F S
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 11 12 13 14 15 16 17
 18 19 20 21 22 23 24
 25 26 27 28 29 30

JANUARY '02
 S M T W T F S
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 13 14 15 16 17 18 19
 20 21 22 23 24 25 26
 27 28 29 30 31

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

TODO:

~~1 SHAR
5 SHAR~~

7:00
to
11:00

2 6:00 to 10:00	3 *	4 * 4:30 10:00	5 obb	6	7	8
9 Started Holey wood 12:00 - 4:10	10 7:50 pm 8 - 1:45 HANUKKAH BEGINS	11 obb	12 obb	13 8--	14	15 8 AM meeting obb
16 8-CL	17 8-CL HANUKKAH ENDS	18 obb	19 obb	20 obb	21	22
23	24 NEW YEAR'S EVE	25 CHRISTMAS DAY	26 BOXING DAY(CAN)	27	28	29
30	31					

TAYLOR LAW FIRM

A Partnership

E. J. BALL PLAZA - SIXTH FLOOR
112 WEST CENTER STREET

P. O. BOX 3457

FAYETTEVILLE, ARKANSAS 72702

PHONE (501) 443-5222

FAX (501) 443-7842

www.taylorlawpartners.com

e-mail: cmitchell@taylorlawpartners.com

W. H. TAYLOR
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TIMOTHY L. BROOKS
TERRY D. HARPER
JASON L. WATSON
TIMOTHY J. MYERS
CHRIS D. MITCHELL*
JOHN MIKESCH*
*ALSO ADMITTED IN MISSOURI

JEFF DUTY (1906-1999)
MAHLON G. GIBSON
of Counsel

January 9, 2002

Arkansas Department of Labor
10421 West Markham
Little Rock, AR 72205

Re: Wage Claim Dispute

Dear Sir/Madam:

Please be advised that I have been retained by Lori Arhangelsky to assist her in a wage claim dispute with Super-K. Attached as Exhibit "A" you will find a Wage Claim form that has been completed by my client. The gist of this claim is that over an approximate three month period my client's biweekly paychecks did not accurately reflect the hours my client actually worked. Attached as Exhibit "B" you will find my client's handwritten summary which contains, in the first column, the date of the pay period, and in the second column, the amount of hours she actually worked and, in the third column, the amount of hours she was actually paid for. Finally, attached as Exhibit "C," you will find a copy of my client's personal calendar in which she kept daily records of the amount of hours actually worked for the pay periods in question.

If you have any questions about the above, or require any further information, please do not hesitate to give me a call. I thank you in advance for your time and attention to this matter.

Sincerely yours,



Chris D. Mitchell

CDM/sc
Enclosures

cc: Lori Arhangelsky