

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		PROOF OF CLAIM Chapter 11
In Re Kmart Corporation, et. al.		Case Numbers 02-B02474 through 02-B02499
Name of Debtor: (see attached for complete list of debtors) KMART CORPORATION		Case Number: 02-B02474
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) Pastro Maint. & Const. 22940 Lahser Rd. Southfield, MI 48034 (248) 746-9070		<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 checked="" 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.
If address differs from above, please complete the following: Creditor Name _____ Telephone # _____ Address _____ City/St/Zip: _____		This Space is for Court Use Only
Account or other number by which creditor identifies debtor 0008-85525		
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"/> Check here if this claim <input type="checkbox"/> replaces <input checked="" type="checkbox"/> amends a previously filed claim, dated 3/6/02 <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
2. Date debt was incurred: VARIOUS DATES 6/01 - 1/22/02		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: If 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. \$ 272,320.29		
5. Secured Claim. <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 type="checkbox"/> Other _____ Value of Collateral \$ 233,099.97 (LIENS) Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 272,320.29		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4). <input type="checkbox"/> 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). <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)()
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		This Space is for Court Use Only RECEIVED TRUMBULL SERVICE BANKRUPTCY 2002 MAR 22 PM 4:30 3/22/02 729 SA
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 3/8/02	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) GARTH VANCURA <i>Garth Van Cura</i>	
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		

NOTICE

The following documentation is backup to the Proof of Claim.

Suzanne MacClid
Trumbull Services, LLC

COPY

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		PROOF OF CLAIM Chapter 11
In Re Kmart Corporation, et. al.		Case Numbers 02-B02474 through 02-B02498
Name of Debtor: (see attached for complete list of debtors) KMART CORPORATION		Case Number: 02-B02474
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.		Your claim is scheduled as follows: Class Amount
Name of Creditor (The person or other entity to whom the debtor owes money or property): PASTRO MAINT. & CONST. 22940 LAHSER RD. SOUTHFIELD, MI 48034 (248) 746-9070		<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 checked="" 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
If address differs from above, please complete the following: Creditor Name Address. City/St/Zip		Telephone # This Space is for Court Use Only
Account or other number by which creditor identifies debtor 0008-85525		Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated _____
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 type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
2. Date debt was incurred: Various dates 6/01 - 1/22/02		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ 272,320.29		
If 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 checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$139,580.94 (Liens) Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> 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). <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)()
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		This Space is for Court Use Only RECEIVED ADMINISTRATIVE SERVICES COURT CLERK 2002 MAR - 7 PM 3:18 BANKRUPTCY 412
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 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). Garth VanCura <i>Garth VanCura</i>	
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		

	<u>Date</u>	<u>INV.</u>	<u>Name</u>	<u>Open Balance</u>
K-MART #3126	12/11/2001	7013	K-MART #3126	1,800.00
	12/21/2001	7034	K-MART #3126	162.00
	01/07/2002	7040	K-MART #3126	222.00
	01/07/2002	7041	K-MART #3126	777.21
K-MART #3139	12/11/2001	7014	K-MART #3139	1,800.00
K-MART #3191	12/18/2001	7025	K-MART #3191	367.00
	12/20/2001	7027	K-MART #3191	250.00
K-MART #3267	01/09/2002	7042	K-MART #3267	8,967.00
K-MART #3308	01/15/2002	7056	K-MART #3308	1,499.00
K-MART #3327	12/21/2001	7031	K-MART #3327	152.00
	12/21/2001	7032	K-MART #3327	400.00
K-MART #3455	12/27/2001	7038	K-MART #3455	1,800.00
K-MART #3546	12/18/2001	7024	K-MART #3546	411.00
	01/25/2002	7061	K-MART #3546	257.00
K-MART #3730	01/11/2002	7044	K-MART #3730	755.91
	01/11/2002	7045	K-MART #3730	2,203.00
	01/15/2002	7057	K-MART #3730	2,000.00
K-MART #3805	12/04/2001	7001	K-MART #3805	1,458.00
	12/04/2001	7002	K-MART #3805	1,065.00

	<u>Date</u>	<u>INV.</u>	<u>Name</u>	<u>Open Balance</u>
K-MART #4065	12/11/2002	7016	K-MART #4065	289.00
	01/21/2002	7059	K-MART #4065	512.00
K-MART #4074	01/14/2002	7046	K-MART #4074	5,229.00
K-MART #4082	01/02/2002	7060	K-MART #4082	638.85
	01/04/2002	7066	K-MART #4082	1,125.00
K-MART #4204	01/15/2002	7058	K-MART #4204	140.00
K-MART #4301	01/15/2002	7058	K-MART #4301	2,235.00
K-MART #4915	01/25/2002	7043	K-MART #4915	22,275.00
K-MART #4998	12/20/2001	7028	K-MART #4998	260.00
K-MART #7368	01/15/2002	7055	K-MART #7368	5,449.00
K-MART #7793	11/29/2001	6997	K-MART #7793	82,128.00
K-MART #8274 CANTON DIST	11/07/2001	6968	K-MART #8274 CANTON DIST	10,310.00
K-MART #9026	12/17/2001	7020	K-MART #9026	13,413.00
K-MART #9096	12/24/2001	7035	K-MART #9096	62,750.00
Total Liens				233,099.97

<u>Date</u>	<u>INV.</u>	<u>Name</u>	<u>Open Balance</u>
12/24/2001	6999	payment cleared	875.00

Kmart #9003

The dollar amount of total lien's on previous filing was in error. Amount listed under Collateral value was 139,580.94. the true amount should have been 233,099.97. Attached are copies of lien filings for Store numbers, 7368, 3139, and 9026. They were not returned from the Recorders Office when we sent the original filling and therefore we had sent copies of the intent to lien papers.

Please note:

We have had a long term relationship with Kmart, and are continuing to service Kmart during and ever since there filing of Chapter 11. We are a small Company are in need of payment in order to meet our operating expenses.

AFFIDAVIT FOR MECHANIC'S LIEN¹

STATE OF OHIO)
)
COUNTY OF Miami) SS:

Garth VanCura, being first duly sworn, says that he is the Owner²
of Pastro Maint. & Const.,³ whose address is 22940 Lahser Rd.
Southfield, MI 48034, which furnished certain material or performed certain labor or work in
furtherance of improvements located or removed to the land hereinafter described, pursuant to a certain contract with
KMart Store #7368,⁴ whose address is 1947 West US 36
Piqua, OH 45356. The first and last day which labor, work and materials were
performed or delivered, were 01-10-02 and 01-11-02,
respectively, and there is justly and truly due Pastro Maint. & Const.⁵ from the owner, part
owner, lessee, original contractor, subcontractor, or other person, as the case may be, over and above all legal set-offs, the sum of
Five Thousand Four Hundred Forty Nine Dollars (\$ 5,449.) for which amount the said
Pastro Maint. & Const.⁶ claims a lien upon said land⁷ of which KMart Store #7368
Piqua, OH⁸ is or was the Lessee⁹ which premises are described
(on the attached Exhibit A/as follows)⁹.

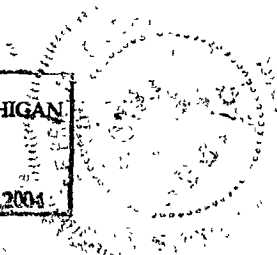
Garth VanCura
Affiant

Sworn to before me and subscribed in my presence this 27th day of January, 199 2002

Debra M Treff
Notary Public
By Commission Expires: June 30, 2004

This instrument prepared by:
Jacquelyn VAN CURA
GARTH VAN CURA

DEBRA M TREFF
NOTARY PUBLIC STATE OF MICHIGAN
OAKLAND COUNTY
ACTING IN:
MY COMMISSION EXP. JUNE 30, 2004



1. See Ohio Revised Code §1311.08 for uses of this form.
2. Title or authority under which the affiant signs this affidavit.
3. Name of lien claimant.
4. Name of original contractor, subcontractor or other person with whom the lien claimant contacted.

5. Building or leasehold.
6. Name of owner, part owner or lessee, as applicable.
7. Owner, part owner, or lessee, as applicable.
8. Legal description sufficient for conveyance or description used in instrument of conveyance to owner, part owner or lessee.

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2002 FEB 1 P 3: 10

Barbara Taylor Old
REGISTER OF DEEDS
THE "GODDARD" LINE OF LEGAL BLANKS
THE "DAGLE" PRESS, INC., HUNTSVILLE, MI

CLAIM OF LIEN
(Under the Construction Lien Act of 1980, Rev. 4/97)

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STATE OF MICHIGAN

COUNTY OF BAY } SS

NOTICE is hereby given that on the 9th day of DECEMBER, 2001,

Name: PASTRO MAINTENANCE & CONSTRUCTION

Address: 22940 LAHSER ROAD SOUTHFIELD, MI. 48034

first provided labor or material for an improvement to K-MART #3139 1377 W. CENTER AVE. RD.
ESSEXVILLE, MI. 48732

(legal description of real property from notice of commencement)

LEGAL DESCRIPTION: ATTACHED TO CLAIM OF LIEN

the (owner) (lessee) of which property is K-MART CORP. BURR WOLFF, L.P.

P.O. BOX 560907 DALLAS TEXAS 75356-0907

(name of owner or lessee from notice of commencement)

The last day of providing the labor or material was the 9th day of DECEMBER, 2001.

TO BE COMPLETED BY A LIEN CLAIMANT WHO IS A CONTRACTOR, SUBCONTRACTOR, OR SUPPLIER.

The lien claimant's contract amount, including extras, is \$ 1,800.00. The lien claimant has received payment thereon in the total amount of \$ 0, and therefore claims a construction lien upon the above-described real property in the amount of \$ 1,800.00

TO BE COMPLETED BY A LIEN CLAIMANT WHO IS A LABORER

The lien claimant's hourly rate, including fringe benefits and withholdings, is \$ _____. There is due and owing to or on behalf of the laborer the sum of \$ _____ for which the laborer claims a construction lien upon the above-described real property.

LIBER 1036 PAGE 945
STATE OF MICHIGAN
ST. JOSEPH COUNTY
RECORDED

29 JAN 2002 2:22:46 PM

CLAIM OF LIEN
(Under the Construction Lien Act of 1980, Rev. 4/97)

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THE "GOOD" LINE OF LEGAL BLANKS
THE REGISTER PRESS, GRAND LANT, MI
REGISTER OF DEEDS

STATE OF MICHIGAN

COUNTY OF ST. JOESPH } SS.

NOTICE is hereby given that on the 25th day of JANUARY, 2002,

Name: PASTRO MAINTENANCE & CONSTRUCTION CO.

Address: 22940 LAHSER RD. SOUTHFIELD, MI. 48034

first provided labor or material for an improvement to K-MART #9026 315 S. CENTERVILLE RD.
STURGIS, MI. 49091

(legal description of real property from notice of commencement)

the (owner) (lessee) of which property is S.S.J. INVESTMENTS LTD. 234 LOYOLA AVE.

NEW ORLEANS, LA. 70112

(name of owner or lessee from notice of commencement)

The last day of providing the labor or material was the 17th day of NOVEMBER, 01.

**TO BE COMPLETED BY A LIEN CLAIMANT WHO IS A
CONTRACTOR, SUBCONTRACTOR, OR SUPPLIER.**

The lien claimant's contract amount, including extras, is \$ 13,413.00. The lien claimant has received payment thereon in the total amount of \$ 0, and therefore claims a construction lien upon the above-described real property in the amount of \$ 13,413.00

TO BE COMPLETED BY A LIEN CLAIMANT WHO IS A LABORER

The lien claimant's hourly rate, including fringe benefits and withholdings, is \$ _____. There is due and owing to or on behalf of the laborer the sum of \$ _____ for which the laborer claims a construction lien upon the above-described real property.

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