

\*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>		___ CH 7 ___ CH13 <input checked="" type="checkbox"/> CH11 <b>PLEASE CHECK CHAPTER</b>
Northern District of Illinois, _____		Division _____
Name of Debtor <b>KMAST CORPORATION</b>		Case Number <b>02-B02474</b>
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.		<b>PROOF OF CLAIM</b>
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>Gael P. Valentine</b>		File Claim Form With:  <b>United States Bankruptcy Court</b> <b>P.O. Box A3613</b> <b>Chicago, Illinois 60690-3612</b>  Creditor # _____  <b>THIS SPACE IS FOR COURT USE ONLY</b>
Name and Address Where Notices Should be Sent <b>17 WOODLAND Rd.</b> <b>CENTEREACH, N.Y. 11720</b> Home eve.		
Telephone No <b>631-852-2538 (work) / 631-471-5371</b>		
Account or other number by which creditor identifies debtor <b>20010221230</b>		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 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 checked="" type="checkbox"/> Personal injury/wrongful death Your social security number _____ <input 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)		
2. DATE DEBT WAS INCURRED: <b>2-18-2001</b>		3. IF COURT JUDGMENT, DATE OBTAINED: _____
4. Total Amount of Claim at Time Case Filed: \$ <b>1121. + PAIN &amp; SUFFERING</b> 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.		
<b>5. Secured claim</b> <input type="checkbox"/> Check this box if 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. \$ _____		<b>6. Unsecured Priority Claim</b> <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 \$4,300), *earned within 90 days before 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 purchases, 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) _____ *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 acknowledgement 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> 3/25/02 RECEIVED SOCIAL SERVICES 2002 MAR 25 PM 1:30 T35
Date: <b>3/22/02</b>	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) <b>Gael P. Valentine</b>	
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		

OUT OF POCKET EXPENSES

\$570.11-MATHER HOSPITAL EMERGENCY ROOM BILL

\$136.00-PATHOLOGY BILL FOR TISSUE REMOVED FROM CERVIX

\$ 60.00-FOLLOWUP VISIT W/GYNOCOLOGIST, DR. ESCAMILLA

\$ 60.00-LAB BILL FROM VISIT W/GYNOCOLOGIST-MORE TISSUE  
REMOVED

\$ 21.00-CVS PRESCRIPTION FROM GYNOCOLOGIST

\$ 7.00-ANOTHER NAME BRAND-BUT SAME INGREDIENTS AS  
KMARTS BRAND TO PROVE I WASN'T ALLERGIC TO CHEMICALS.

\$ 15.00-DR. MORELLI FOR PELVIC EXAM FOLLOWUP, WALKIN  
CLINIC NO HEALTH INSURANCE

\$ 9.99-FOR ORIGINAL OVER THE COUNTER KMART 'AMERICAN  
FARE' VAGINAL SUPPOSITORIES THAT CAUSED MY INJURY.

\$136.00-FOR LOST WAGES OF \$17.00/HR. I ALWAYS WORK A  
10HR. DAY (SEE PAY STUB) SO ADD TO THAT-

\$ 50.00-FOR TIME AND HALF OVERTIME I LOST OUT ON.

SHOULD HAVE TAKEN MORE TIME OFF BUT COULDN'T AFFORD TO  
TAKE ANY MORE SO HAD TO WORK IN PAIN AND DISCOMFORT.  
I WAS A TEMP W/NO MEDICAL INSURANCE OR SICK PAY AT TIME  
OF ACCIDENT. ALL THIS WAS OUT OF POCKET.

\$570.11 WAS PUT ON MY CREDIT CARD THAT HAD 9.9% INTEREST  
=\$56.00.

TOTAL COST=\$1121.11

THIS DOESN'T INCLUDE ANYTHING FOR PAIN AND SUFFERING  
WHICH WAS 8MONTHS OF PAIN/DISCOMFORT AND NO  
INTERCOURSE FOR 9MONTHS.



\*\* WELCOME TO OUR \*\*  
K MART STORE 4832

07528071822	S/H LACROSS	1 49 T
07200015969	COOKIES	1 00 F
0197401	JERGENS T/\$	.69 T
75296502322	COTTON CANDY	99 T
0342400	HERS 1.55 OZ	49 B
0343300	MINT 1.5 OZ	49 B
03400005130	SWT ESC BAR	1 99 B
02100065371	MAC & CHEESE	.89 F
07200017064	KNOL GEL CAPS	3 99
<del>07200017956</del>	<del>MICONAZOLE P</del>	<del>9 99</del>
07244014091	MAGAZINE	4 05 T
68157700013	BOOK	99 T
08757700962	PUZZLE BOOK	2.49 T
**** TAX	1 13 BAL	30 67
Cash		30 67
CHANGE		00

TOTAL NUMBER OF ITEMS SOLD = 13  
RECEIPT# 04832 021 01 012 46271

02/11/01 9:57 AM 4832 12 4627 0055

\*\* GET SPECIAL DEALS VIA EMAIL !!! \*\*  
\*\* REGISTER AT WWW.BLUELIGHT.COM \*\*

Time sheet - 2 work days.  
10-12 hrs days.

Sample of my regular weekly salary

DATE	DAY	TIME STARTED	TIME FINISHED	LESS LUNCH	TOTAL HOURS
2/19	MON	SICK			
2/20	TUE	7A	5P	0	10
2/21	WED	7A	5P	0	10
2/22	THU	7A	5P	0	10
2/23	FRI	7A	5P	0	10
1	SAT				
1	SUN				

Important for Client: By execution of this form, client certifies that hours shown are correct & work was satisfactory.

Total hours for Week (to nearest 1/2 hour) **40**

CLIENT PLEASE COMPLETE

Name of Company: Inventory  
 Authorized Signature: [Signature]  
 Printed Authorized Name: GAEL VALENTINE  
 Dept: 40 hrs  
 Please write total hours worked: 40 hrs  
 Ext: \_\_\_\_\_

Employees Signature: [Signature]  
 Available for Work:  YES  NO  
 Available When?  MAIL MY CHECK  HOI D MY CHECK

Job Title: Inventory Coordinator  
 IMPORTANT FOR EMPLOYEE: BY EXECUTING THIS FORM, EMPLOYEE CERTIFIES THAT THIS FORM IS TRUE & ACCURATE & THAT NO INJURIES WERE SUFFERED

Print Your Name: GAEL VALENTINE  
 Your Social Security #: 01716416351215  
 Week Ending Sunday: 2/25 20 01  
 TEMP. EMPLOYEE PLEASE COMPLETE

**CSGjobs**  
 Contract Specialistes Group, Ltd  
 755 Waverly Avenue  
 Suite 305  
 Holtsville, NY 11742  
 Tel: 631.475.7900  
 Fax: 631.475.7920

REGISTRATION NO.	DEPT.	EMPLOYEE NAME	SOCIAL SECURITY NO.	WAGE RATE	TAX STATE	PERIOD ENDING	CHECK DATE	CHECK NO.
903333	1	6 VALENTINE	[REDACTED]		NY	02/25/01	02/28/01	CHECK # 016812
115.T.	HOURS	17.00	40.00	580.00	FIT 11.09 SIT J1/D1	95.39	1260930002	
Interact Specialitie			TOTAL SALARY	580.00	TOTAL TAXES DEDUCTED	176.45	TOTAL OTHER DEDUCTIONS	NET EARNINGS
7118.75	FICA	544.58	FEDERAL	1117.72	STATE	312.86	CITY	500.00

EMPLOYEE'S PAY STATEMENT Please detach and retain this stub. It is a record of your earnings and tax deductions as reported to Federal and Local Government.

I Always make \$17/hr and \$25/hr overtime

5



TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL
CYCLE	03/01/01	
INS		

PO BOX 5804  
 HICKSVILLE, NY  
 631 476-2801  
 FEI # 11-1639818

11802

BIRTH-DATE  
 05/22/52

HOSP NO.  
 000102

3	E	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS	OUT PATIENT
		VALENTINE, GAEL	613426253	F		02/18/01			

GUARANTOR NAME AND ADDRESS	GAEL VALENTINE 17 WOODLAND RD CENTERREACH, NY 11720	C.U.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	POLLACK MITHCELL C		

AMOUNT OF PAYMENT	\$ 570.11
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DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. AVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2	EST. COVERAGE INS. CO. NO. 3	EST. COVERAGE INS. CO. NO. 4	PATIENT AMOUNT
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DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS

02/18	ER LOW/MOD COMPLE	4599283	365.00	365.00				
02/18	URINALYSIS ADMI	6044415	21.00	21.00				
02/18	UR PREG	6044411	30.00	30.00				
02/18	LEVEL IV SP-GROSS	6088305	72.00	72.00				
02/18	GLOVES XL 1 PAIR	5005063	4.00	4.00				
02/18	G Y N PROCEDURE E	5022061	35.00	35.00				
02/23	NEW YORK SURCHARG	0030601	43.11	43.11				

SUMMARY OF CURRENT PAY/ADJ 43.11 43.11

SUMMARY OF CURRENT CHARGES  
 EMERGENCY ROOM 365.00 365.00  
 LABORATORY 123.00 123.00  
 CENTRAL SUPPLY 39.00 39.00

SUB-TOTAL OF CURR. CHARGES 527.00 527.00

JOHN T MATHER MEM. H  
 75 N COUNTRY RD  
 PRT JEFFERSON, NY 11  
 516-473-1320

BOLN 682  
 POLKES OR-FEI  
 TEL: 915  
 08901160787

REF: NONE  
 CD TYPE: VISA  
 TR TYPE: PURCHASE  
 DATE: MAR 31, 01 09:57:16

TOTAL \$570.11\*

AC: 4172862946312 EXP: 03 18  
 WP: 061327  
 \*\*\* INPATIENT CARE \*\*\*

CUSTOMER ACKNOWLEDGES RECEIPT OF GOODS  
 AND SERVICES IN THE AMOUNT OF THE  
 TOTAL SHOWN HEREON AND AGREES TO PERFORM  
 THE OBLIGATIONS SET FORTH BY THE  
 CUSTOMER'S AGREEMENT WITH THE ISSUER

THANK YOU FOR USING VISA

*my VISA Card.*

TOTALS	570.11	570.11
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PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED. IF INSURANCE DO NOT PAY ANY PART OF THE AMOUNTS UNDER ESTIMATED INSURANCE COVERAGE.
613426253		

JOHN T MATHER MEMORIAL HOSPITAL  
 HICKSVILLE, NY

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

DATE: 04/20/01  
PRGM: PHYS205

PATIENT ACCOUNTING STATEMENT  
JOHN T. MATHER MEMORIAL HOSPITAL  
C/O FINANCIAL MEDICAL SYSTEMS  
PO BOX 6010  
HAUPPAUGE, NY 11788  
1-(631) 232-4000  
TAX ID # : 11-1888924

TIME: 15:55PM  
PAGE: 1

Account # : 0613426253

Name: VALENTINE, GAEL  
SS#: 764-63-525  
Telephone: 631-471-5371  
Address: 17 WOODLAND RD  
City/St/Zip: CENTEREACH NY 11720

Diagnosis 1: 9953  
Diagnosis 2:  
Diagnosis 3:  
Med Rec. No: 4818910000

OLKOWSKA

DANUTA

Service Date	Posting Date	HCPSC Code	Charge Code	Description	Amount		
02/18/01	02/18/01	88305	00088305	LEV 5 SURG PATH GROSS AND M	81.00		
02/18/01	02/18/01	88312	00088312	SPECIAL STAINS MICRO	55.00		
Balance:					136.00 ***		
*****							
CHARGES:	136.00	PMTS:	.00	ALWS:	.00	BALANCE:	136.00

GAEL P. VALENTINE  
17 WOODLAND ROAD  
CENTEREACH, NY 11720

4/24/01

FINANCIAL MEDICAL SYS / MATHER HOSP  
One hundred Dollars and thirty six CENTS +

TCU ACCT# 0613426253  
Teachers Federal Credit Union  
Farmingville, New York 11738  
Pathology Bill-

For added security, the account number no longer appears on this copy.

1235 NOT NEGOTIABLE

GAEL VALENTINE  
17 WOODLAND RD  
CENTEREACH NY 11720

Statement As Of : 02/28/2001

CONTEMPORARY WOMEN'S CARE  
48 ROUTE 25A  
SMITHTOWN, NY 11787  
631 862 3770

Gael Valentine  
17 Woodland Road  
Centereach NY 11720

TAX ID #: 113530796

Chart #: 0001998 Patient Name: GAEL VALENTINE

Code	Date	Description	Provider	Dx	Amount
99214	02/24/2001	OFFICE OR OTHER VISIT	GLOR. A ESCAMILLA, MD	61610	\$60 00

*Follow up  
visit 1 week  
later.*

TH  
RE  
WI  
BI  
63  
PA

GAEL P. VALENTINE  
17 WOODLAND ROAD  
CENTEREAACH, NY 11720

*Contemp women care*



Teachers Federal Credit Union  
Farmingville, New York 11738

*Chart # 0001998*

For added security, the  
account number no longer  
appears on this copy.

CHECK HERE IF TAX DEDUCTIBLE ITEM

\$ 3/17/01 1234

*3/17/01*

BAL FORD.	
THIS PAYMENT	<i>60.00</i>
BALANCE	
OTHER	
BAL FORD	

\$60 00

1234 NOT NEGOTIABLE

⑦






Bill No.	Billing Date	Payment Due By
1565588756	05/18/2001	06/08/2001

11787207 7785443 1634466992 R 21180

GAEL VALENTINE  
 17 WOODLAND RD  
 CENTEREACH NY 11720-4031



Patient Name  
GAEL VALENTINE

Tests Requested By  
 MCKENNA, BRIAN  
 48 ROUTE 25A STE 001  
 SMITHTOWN NY 11787

- ◆ THIS BILL IS SEPARATE FROM YOUR PHYSICIAN'S BILL.
- ◆ TO PROVIDE INSURANCE INFORMATION, SEE REVERSE SIDE.

795.0

Bill Date	Patient Name	Facility Where Tests Were Performed	Tax ID
05/18/2001	GAEL VALENTINE	NY 575 UNDERHILL BLVD SYOSSET NY	38-2084239

Service Date	Site	Test ID	OPT Code	Units	Laboratory Services	Amount
02/24/2001	NY	0035455	88142	01	CYTO AUTO THIN LAYER PREP	60.00

*\$60 Pd  
5/26*

For billing questions/insurance information visit our web site  
 @WWW.CLINICALABS.COM or call: 1-800-766-3144  
 (Se Habla Espanol)

**TOTAL DUE**  
60.00

YOUR INSURANCE COMPANY INDICATED THEY COULD NOT PROCESS THIS CLAIM DUE TO INCORRECT OR MISSING INFORMATION. PLEASE COMPLETE THE BACK OF THIS BILL AND SEND IT IN THE ENVELOPE PROVIDED. WE APPRECIATE YOUR PROMPT RESPONSE.

March 13, 2002



Ms. Gael Valentine  
17 Woodland Rd  
Centereach, NY 11720

**Kmart Customer Incident Center**  
Sedgwick Claims Management Services, Inc  
P.O. Box 5058, Troy, MI 48007-5058  
Phone: (248) 463-7577  
Fax: (248) 463-6637

**RE: Our Client: Kmart Corporation**  
**Claimant: Gael Valentine**  
**Date of Loss: 2-17-2001**  
**Our File Number: 20010221230**

**Dear Ms. Valentine:**

Sedgwick Claims Management Services, Inc. is the claims administrator for the Kmart Corporation. We are in receipt of your claim relative to the captioned matter. We are currently conducting an investigation in connection with your claim.

Please be advised the Kmart Corporation and its thirty-seven subsidiaries filed a Voluntary Petition, pursuant to Chapter 11 of the Bankruptcy Code, in the United States Bankruptcy Court for the Northern district of Illinois. The matter has been assigned case number 02-B02474 and is pending before Judge Susan Pierson Sonderby. Pursuant to 11 U.S.C. § 362 (a), a stay of creditor actions against the debtor automatically goes into effect with the filing of the bankruptcy petition. The automatic stay provided by section 362 prohibits "the commencement or continuation, including the issuance or employment of process, of a judicial, administrative, or other action or proceeding against the debtor..." Attached please find a copy of the Voluntary Petition.

As a result of that filing, we are precluded from negotiating or settling any claims on behalf of Kmart that arose out of incidents that occurred prior to January 22, 2002 until/unless we are authorized to do so. Such authorization may or may not be extended.

Should you have any questions, or wish to discuss this matter in any way, please do not hesitate to contact the undersigned at your convenience.

Sincerely,

A handwritten signature in cursive script that reads "Sharon L. Milatz".  
Sharon L. Milatz

# VOLUNTARY PETITION

United States Bankruptcy Court

Northern District of Illinois

VOLUNTARY PETITION

Name of Debtor (if individual, enter Last, First, Middle): <b>KMART CORPORATION</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by Debtor in the last 6 years (include married, maiden, and trade names):	All Other Names used by Joint Debtor in the last 6 years (include married, maiden, and trade names):
Soc. Sec./Tax I.D. No. (if more than one, state all): <b>38-0729500</b>	Soc. Sec./Tax I.D. No. (if more than one, state all):
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>3100 West Big Beaver Road Troy, MI 48084</b>	Street Address of Debtor (No. & Street, City, State & Zip Code):
County of Residence or of the Principal Place of Business: <b>Oakland</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):
Location of Principal Assets of Business Debtor (if different from addresses listed above):	

## INFORMATION REGARDING DEBTOR (Check the Applicable Boxes)

- Venue (Check any applicable box)
- Debtor has been domiciled or has had a residence, principal place of business or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
  - There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

- Type of Debtor (Check all boxes that apply)
- Individual
  - Corporation
  - Partnership
  - Other
  - Railroad
  - Stockbroker
  - Commodity Broker

- Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box)
- Chapter 7
  - Chapter 11
  - Chapter 9
  - Chapter 12
  - Sec. 304-Case ancillary to foreign proceeding

- Nature of Debts (Check one box)
- Consumer/Non-Business
  - Business

- Filing Fee (Check one box)
- Full Filing Fee attached.
  - Filing Fee to be paid in installments (Applicable to individuals only)
- Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.

- Chapter 11 Small Business (Check all boxes that apply)
- Debtor is a small business as defined in 11 U.S.C. § 101.
  - Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e). (optional)

- Statistical/Administrative Information (Estimates only)
- Debtor estimates that funds will be available for distribution to unsecured creditors.
  - Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors

THIS SPACE IS FOR COURT USE ONLY

Estimated Number of Creditors						
1-15	16-49	50-99	100-199	200-999	1,000-over	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Estimated Assets						
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Debts						
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

U.S. Bankruptcy Court  
 Northern District of Illinois  
 RECEIVED: 01/22/02  
 Time: 8:02 a.m.  
 Debtor: KMART CORPORATION  
 Case #: 02-02474  
 Chapter 11 Rech# 324660  
 Judge Susan Pierson Sonderby



**Prior Bankruptcy Case Filed Within 180 Days of Filing this Petition (attach additional sheet)**

Location: Filed: None Case Number: Date Filed:

**Pending Bankruptcy Case Filed by Any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.)**

Name of Debtor: Case Number: Date Filed:  
 See Annex A

District: Relationship: Judge:

**SIGNATURES**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

(If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7) I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Debtor  
 X

Signature of Joint Debtor

Telephone Number (if not represented by attorney)

Date

**Signature of Attorney**

Signature of Attorney for Debtor(s)

John Wm. Butler, Jr.  
 Printed Name of Attorney for Debtor(s)

Skadden, Arps, Slate, Meagher & Flom (Illinois)  
 Firm Name

333 W. Wacker Drive, Chicago, IL 60606  
 Address

(312) 407-0700  
 Telephone Number

January 22, 2002  
 Date

**EXHIBIT A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

Exhibit A is attached and made a part of this petition.

**EXHIBIT B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X  
 Signature of Attorney for Debtor(s) Date

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

*[Signature]*  
 Signature of Authorized Individual

Charles C. Conaway  
 Name of Authorized Individual

Chief Executive Officer  
 Title of Authorized Individual

January 22, 2002  
 Date

**Signature of Non-Attorney Petition Preparer**

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed Name of Bankruptcy Petition Preparer

Social Security Number

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

Signature of Bankruptcy Petition Preparer

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.