

Name of Debtor **Kmart Corporation**

Case Number **02 B 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):  
**AVI Foodsystems, Inc.**

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:  
**AVI Foodsystems, Inc.  
2590 Elm Road  
Warren, Ohio 44483**

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.

Telephone number **(330) 372 - 6000 ext. 2219**

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:

Check here if this claim  replaces a previously filed claim, dated: \_\_\_\_\_  
 amends

**1. Basis for Claim**

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other \_\_\_\_\_

- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Wages, salaries, and compensation (fill out below)  
Your SS #: \_\_\_\_\_  
Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

**2. Date debt was incurred:** 10/24/01-01/15/02

**3. If court judgment, date obtained:**

**4. Total Amount of Claim at Time Case Filed:**

\$ 1,871.10

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, 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 \$4,650),\* 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)
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- 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)
- 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 4/1/04 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.

**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.

THIS SPACE IS FOR COURT USE ONLY

3/25/02 ML 755

RECEIVED  
TRUSTEE'S OFFICE  
COURT

2002 MAR 25 PM 2:45

BANKRUPTCY

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):

03/18/02

Sherri Mooney

*Sherri Mooney*

0.0

2

85.25

144.88

217.37

1,303.75

58.85

61.05

006

1,871.10

AVI FOODSYSTEMS, INC.

INVOICE NO. V16-1-005159

2590 ELM ROAD N.E.

WARREN, OHIO 44483-2997

DATE: 12/04/01

K-MART DISTRIBUTION CENTER  
DISTRIBUTION CENTER  
ATTN: ACCOUNTS PAYABLE  
541 PERKINS JONES ROAD  
WARREN

OH 44483-0000

FREE/REDUCED VEND

October 24, 2001 through November 27, 2001

155 REWARD CERTIFICATES

85.25

TOTAL AMOUNT DUE

-----  
\$85.25



**AVI FOODSYSTEMS, INC.**

2590 ELM ROAD N.E.  
WARREN, OHIO 44483-2997

Federal ID #34-0939177

AMERICA'S FOOD SERVICE LEADER

INVOICE # V16-2-008876

DATE: 11/11/09

AVI FOOD SYSTEMS, INC.  
2590 ELM ROAD N.E.  
WARREN, OHIO 44483-2997  
PHONE: (330) 299-5257

AVI FOOD SYSTEMS, INC.  
2590 ELM ROAD N.E.  
WARREN, OHIO 44483-2997  
PHONE: (330) 299-5257

DESCRIPTION

QUANTITY

PRICE

AMOUNT

\*\* MISCELLANEOUS

✓ MISCELLANEOUS

8 CABE

15.11

120.88

TOTAL AMOUNT DUE

\$144.88

PAYABLE UPON RECEIPT. PLEASE PERMIT TO ADDRESS ABOVE

**COPY**

THANK YOU FOR YOUR ORDER.

PACKED BY:

RECEIVED BY:

*Amy Hicks*  
*Debra Mitchell*

WHITE COPY: CUSTOMER

YELLOW COPY: HEADQUARTERS

PINK COPY: HEADQUARTERS

VOIDED INVOICES: WHEN INVOICE IS VOIDED, RETURN ALL 3 COPIES TO HQ WITH AN EXPLANATION.



**AVI FOODSYSTEMS, INC.**

2590 ELM ROAD N.E.  
WARREN, OHIO 44483-2997

Federal ID #34-0939177

AMERICA'S FOOD SERVICE LEADER

INVOICE # 515-2-008971

DATE: 12/19/01  
TIME: 12:00 PM

QUANTITY: 12  
ORDER #: 4341  
UNIT PRICE: 18.11  
TOTAL: 217.32

AVI FOOD DISTRIBUTION  
500 BERRY STREET, SUITE 100  
WARREN, OHIO 44483-2997  
PHONE: 440-398-1000

DESCRIPTION	QUANTITY	PRICE	AMOUNT
** MISCELLANEOUS			
12 C/S	12	18.11	217.32

REC# 1569 (12)

TOTAL AMOUNT DUE

PAYABLE UPON RECEIPT. PLEASE REMIT TO ADDRESS ABOVE

217.32  
se

12 C/S cont and accepted  
# 0126 - cup 12om  
12/19/01 fancy if VanHook  
must be rebilled for  
discrepancy

**COPY**

THANK YOU FOR YOUR ORDER.

PACKED BY:

*Katie King*

RECEIVED BY:

*John*  
*[Signature]*

WHITE COPY: CUSTOMER

YELLOW COPY: HEADQUARTERS

PINK COPY: HEADQUARTERS

VOIDED INVOICES: WHEN INVOICE IS VOIDED, RETURN ALL 3 COPIES TO HQ WITH AN EXPLANATION.

AVI FOODSYSTEMS. INC.

INVOICE NO. V08-1-002678

2590 ELM ROAD N.E.

WARREN, OHIO 44483-2997

DATE: 12/20/01

K-MART FASHIONS

ATTN: ANNETTE CARBAUGH - HUMAN RESOURCES

4400 SOUTH HAMILTON ROAD

GROVEPORT

OH 43125-0000

CATERING

December 08, 2001

BREAKFAST WITH SANTA FOR 270 PEOPLE

1,303.75

TOTAL AMOUNT DUE

1,303.75

\*\*\* DUPLICATE \*\*\*

AVI FOODSYSTEMS, INC.

INVOICE NO. V16-1-005207

2590 ELM ROAD N.E.

WARREN, OHIO 44483-2997

DATE: 01/11/02

F-MART DISTRIBUTION CENTER

ATTN: ACCOUNTS PAYABLE

541 PERKINS JONES ROAD

WARREN

OH 44483-0000

FREE/REDUCED VEND

November 28, 2001 through December 18, 2001

107 REWARD CERTIFICATES

58.85

TOTAL AMOUNT DUE

-----  
\$58.85

\*\*\*.DUPLICATE \*\*\*

AVI FOODSYSTEMS. INC.

INVOICE NO. V16-1-005227

2590 ELM ROAD N.E.

WARREN. OHIO 44483-2997

DATE: 02/13/02

K-MART DISTRIBUTION CENTER

ATTN: ACCOUNTS PAYABLE

541 PERPINS JONES ROAD

WARREN

OH 44483-0000

FREE/REDUCED VEND

111 REWARD CERTIFICATES

61.05

TOTAL AMOUNT DUE

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\$61.05