

UNITED STATES BANKRUPTCY COURT
 NORTHERN DISTRICT OF ILLINOIS - EASTERN DIVISION

PROOF OF CLAIM

Name of Debtor: **KMART CORPORATION, et al.**
 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):
 Municipality of Anchorage
 Name and Address where notices should be sent:
 Municipality of Anchorage
 Department of Law
 P O Box 196650
 Anchorage, AK 99519-6650
 Telephone Number: **(907) 343-4545**

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.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:
AWWU: 0408122000025; 1427121000021
 Check here if this claim replaces amends a previously filed claim, dated _____

1. Basis for Claim
 Goods sold
 Services performed
 Money loaned
 Personal injury/wrongful death
 Taxes
 Other **AWWU Services**

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:
12/13/01; 12/28/01
 3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: **\$ 3,323.64**
 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 \$4,300)* 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 4/1/01 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
858 SM
 RECEIVED
 TRUMBULL SERVICES
 COMPANY
3-26-02
 2002 MAR 26 PM 2:48
 BANKRUPTCY

Date: **3/20/02**
 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): **Daniel A. Moore**
 Treasurer
 Municipality of Anchorage

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.

Municipality of Anchorage

Itemized Statement Of Claims

TOTAL Amount of Claim(s) \$ 3,323.64

1. Secured Claim(s):

Principal: _____

Interest: _____

Costs: _____

2. Unsecured Priority Claim(s):

Type of Priority: _____

Principal: _____

Interest: _____

Costs: _____

3. Unsecured Claim(s):

AWWU \$3,323.64

ML & P _____

SWS _____

OTHER _____

4. Post Petition Administrative Expense Claim(s) U.S.C. 507(a)(1):

Principal: _____

Interest: _____

Costs: _____

**BANKRUPTCY/PROBATE REFERRALS FORM
CREDIT & COLLECTIONS**

Date: 2-28-02 Account #: 0408122000025

Type of Referral: Amount Referred: 1557.44

Bankruptcy*

Final Bill

Probate

Adjustments Forthcoming

Update-Adjustment Refer to Legal on: _____

Person(s) and/or business liable for charges:

KMART Corporation

Service Address: 400 Rodeo PL

Bankruptcy/Probate Case No. 02-B02474 (if known).

Most recent delinquent date debt incurred prior to bankruptcy 12-13-01

If customer has had service reinstated or has another account under a different name or number, please check here and indicate new account number, name and service address under "Remarks."

REMARKS:

new account # for post petition charges is 04-081-22-000-031, location is 400 Rodeo PL, no deposit was posted to the new account

Collection Representative: Joyce

ATTACHMENTS:

Approved By: *J. Sample* Itemization

Date: 2-28-02 Ext: 564-2734 Final Bill

Bankruptcy Note*

Correspondence

account summary

Other print out

RECEIVED
MUNICIPAL ATTORNEY
02 MAR -4 AM 10:20

ACCOUNT# 04-081-22-000-025
NAME: KMART CORPORATION
SERVICE LOCATION: 400 RODEO PL

BILL DATE 02/28/02
DUE DATE 03/25/02

CYCLE 2

* INITIAL FINAL BILL *

TOTAL DUE 1,557.44

KMART CORPORATION
%STORE #3580/ACCTS PAYABLE
3100 W BIG BEAVER RD
TROY MI 48084-3004

ACCOUNT# 04-081-22-000-025
NAME: KMART CORPORATION
SERVICE LOCATION: 400 RODEO PL

BILL DATE 02/28/02
DUE DATE 03/25/02

CYCLE 2
PAGE 1

PREVIOUS BALANCE	837.73
PAYMENT RECEIVED	0.00
RETURNED CHECK-SWR	317.03
RETURNED CHECK-WTR	393.45
WTR NSF PYMT CHARGE	20.00
SEWER CHARGE ADJ.	2.17CR
WATER CHARGE ADJ.	8.63CR
BALANCE FORWARD	1,557.41

WATER REGULATORY COST CHARGE	0.04
SEWER REGULATORY COST CHARGE	0.01CR

*** THERE ARE NO DETAIL LINES FOR THIS BILHDR

CURRENT CHARGES	0.03
TOTAL DUE	1,557.44

TO AVOID A LATE FEE OF 0.875% PER MONTH WITH A \$1.00 MINIMUM PER UTILITY, PAYMENT MUST BE RECEIVED BY THE DUE DATE.

BANKRUPTCY/PROBATE REFERRALS FORM CREDIT & COLLECTIONS

Date: 3-12-02

Account #: 14-271-21-000-021

Type of Referral:

Amount Referred: 1766.20

Bankruptcy*

Final Bill

Probate

Adjustments Forthcoming

Update-Adjustment Refer to Legal on:

Person(s) and/or business liable for charges:

KMART Corporation

Service Address: 8601 Seward Hwy

Bankruptcy/Probate Case No. 02-B02474 (if known).

Most recent delinquent date debt incurred prior to bankruptcy 12/28/02

If customer has had service reinstated or has another account under a different name or number, please check here and indicate new account number, name and service address under "Remarks "

REMARKS:

New account # for post petition charges is 14-271-21-000-037, location 8601 Seward Hwy, no deposit was posted to new account.

RECEIVED
MUNICIPAL ATTORNEY
MAR 12 2002 3:03

Collection Representative: Wendy

ATTACHMENTS:

Approved By: *[Signature]*

Itemization

Final Bill

Date: 3-12-02 Ext: _____

Bankruptcy Note*

Correspondence

Print out

Other _____

ACCOUNT# 14-271-21-000-021 BILL DATE 03/05/02 CYCLE 4
NAME: KMART CORPORATION DUE DATE 03/30/02
SERVICE LOCATION: 8601 SEWARD HWY
* INITIAL FINAL BILL *

TOTAL DUE 1,766.20

KMART CORPORATION
REF STORE 7569
ATTN ACCOUNTS PAYABLE
3100 W BIG BEAVER RD
TROY MI 48084-3004

ACCOUNT# 14-271-21-000-021
NAME: KMART CORPORATION
SERVICE LOCATION: 8601 SEWARD HWY

BILL DATE 03/05/02
DUE DATE 03/30/02

CYCLE 4
PAGE 1

RECEIVED
MUNICIPAL ATTORNEY
02 MAR 12 PM 3:12

PREVIOUS BALANCE 1,694.33
PAYMENT RECEIVED 0.00
SEWER CHARGE ADJ. 71.61
BALANCE FORWARD 1,765.94

SEWER REGULATORY COST CHARGE 0.26

*** THERE ARE NO DETAIL LINES FOR THIS BILHDR

CURRENT CHARGES . . . 0.26
TOTAL DUE . . . 1,766.20

TO AVOID A LATE FEE OF 0.875% PER MONTH WITH A \$1.00 MINIMUM PER
UTILITY, PAYMENT MUST BE RECEIVED BY THE DUE DATE.