

*FILE ORIGINAL FOR CHAPTERS 7 and 11. IN DUPLICATE FOR CHAPTER 13. FOR DATE-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 Kmart Corporation		PROOF OF CLAIM
Case Number 02-B02474		File Claim Form With: United States Bankruptcy Court P. O. Box A3613 Chicago, Illinois 60690-3612 Creditor # _____ THIS SPACE IS FOR COURT USE ONLY
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. § 563		
Name of Creditor (The person or other entity to whom the debtor owes money or property) Barbara J. Green	<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 Thomas W. Ullrich, Esquire 2120 L Street, N.W., Suite 700 Washington, D.C. 20037 Telephone No. (202) 659-5522 or (202) 298-6890	<input type="checkbox"/> Check here if this claim amends <input type="checkbox"/> replaces a previously filed claim dated: _____	
Account or other number by which creditor identifies debtor: Kmart File #200107519860001		
1. BASIS FOR CLAIM <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 _____ (date) to _____ (date)		
2. DATE DEBT WAS INCURRED:		3. IF COURT JUDGMENT, DATE OBTAINED:
4. Total Amount of Claim at Time Case Filed: \$ <u>100,000.00</u> 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 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 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 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) _____ *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.		THIS SPACE IS FOR COURT USE ONLY KP 870 RECEIVED TRUSTEES SERVICES 3/28/02 2002 MAR 28 PM 1:10 BANKRUPTCY
Date: 3/25/02	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) Thomas W. Ullrich	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 162 and 3571.		

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OXON HILL OFFICE - 02/08/02

RE: GREEN, BARBARA

ORTHOPAEDIC CONSULTATION REPORT
FOR CONDITIONS CAUSED BY ACCIDENT OF 07/17/01

The patient made satisfactory progress from her injury of 07/17/01. Range of motion of the cervical and lumbar spine has improved. Muscle spasm and tenderness is less.

I had a discussion with the patient. She has reached maximum medical improvement from that injury. She should continue on a home program of exercises. I shall see her again if her symptoms become severe.

Rida N. Azer, M.D.

RNA/zks

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OXON HILL OFFICE – 11/21/01

RE: GREEN, BARBARA

ORTHOPAEDIC CONSULTATION REPORT
FOR CONDITIONS CAUSED BY ACCIDENT OF 07/17/01

The patient's right shoulder is better. She still has pain in the cervical and lumbar spine region. She is still tender over C5, C6 and C7 and she is still tender over L4, L5 and S1 with pain and muscle spasm on movements. The right shoulder shows satisfactory abduction and no instability. Neurologically, she remains in status quo.

The patient is to continue her present program. I shall see her again one month from now.

Rida N. Azer, M.D.

RNA/zks

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OXON HILL OFFICE – 10/31/01

RE: GREEN, BARBARA

**ORTHOPAEDIC CONSULTATION REPORT
FOR CONDITIONS CAUSED BY ACCIDENT OF 07/17/01**

The patient still has pain in the lumbar spine region and the cervical spine region. She also has pain in the right shoulder. I discussed the situation with her. During the impact, she injured multiple areas, but she noticed the shoulder progressively increasing in pain. She previously had surgery on her right shoulder by me for recurrent dislocation of the shoulder and it had been progressing very well.

By history today, there is no episode of dislocation or instability, but she is tender over the greater tuberosity of the right humerus at the insertion of the rotator cuff. Abduction on the right side is 130 degrees and on the left 150 degrees. Cervical spine shows tenderness over C5, C6 and C7. Lumbar spine shows tenderness over L4, L5 and S1 with pain and muscle spasm on movements.

X-RAY REPORT

X-rays taken of the right shoulder show no evidence of fractures, dislocation or subluxation. The humeral head is satisfactory. There is no evidence of a "Hill-Sach" lesion.

The patient will be given a local injection of Decadron, Carbocaine and Marcaine. She is to continue her present program and have physical therapy on the right shoulder as well. I shall see her again three weeks from now.

10/31/01
RE: GREEN, BARBARA

PROCEDURE NOTE

Arthrocentesis – Right Shoulder: The patient was placed in the sitting position and the right shoulder was prepared. Under sterile aseptic technique, via an anterior approach, the patient was injected with Decadron, Carbocaine and Marcaine avoiding injury to the neurovascular structures and articular surface. A dressing was applied.

Rida N. Azer, M.D.

RNA/zks

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OXON HILL OFFICE – 10/09/01

RE: GREEN, BARBARA

**ORTHOPAEDIC CONSULTATION REPORT
FOR CONDITIONS CAUSED BY ACCIDENT OF 07/17/01**

The patient noticed some improvement with the physical therapy. She still has pain in the shoulders and there is stiffness. She is tender over the greater tuberosity of the right and left humerus. Active abduction on the right is 0 to 150 degrees, on the left 0 to 130 degrees. The lumbar spine shows tenderness between L4, L5 and S1. Dorsal spine shows tenderness over T7, T8 and T9. Cervical spine shows tenderness over C5, C6 and C7. Neurologically, she remains in status quo.

The patient is to continue her present program. I shall see her again three weeks from now.

Rida N. Azer, M.D.

RNA/zks

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OXON HILL OFFICE - 09/17/01

RE: GREEN, BARBARA

**ORTHOPAEDIC CONSULTATION REPORT
FOR CONDITIONS CAUSED BY ACCIDENT OF 07/17/01**

The patient still has pain in the cervical, dorsal and lumbar spine regions. She is still tender over the right and left erector spinae muscle and there is still pain and muscle spasm on movements. She is also tender over the right and left levator scapula and trapezius over L4, L5 and S1. There is pain and muscle spasm on movements of the cervical, dorsal and lumbar spine regions.

The patient is to continue her present program. I shall see her again three weeks from now.

Rida N. Azer, M.D.

RNA/zks

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OXON HILL OFFICE - 08/27/01

RE: GREEN, BARBARA

ORTHOPAEDIC CONSULTATION REPORT
FOR CONDITIONS CAUSED BY ACCIDENT OF 07/17/01

The patient is improving. Her range of motion of the cervical, dorsal and lumbar spine has improved. There is still tenderness over the right and left erector spinae muscle and the right and left levator scapulae and between L4 and S1 with pain and muscle spasm on movements. Neurologically, she remains in status quo.

The patient is to continue her present program. I shall see her again three weeks from now.

Rida N. Azer, M.D.

RNA/zks

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OXON HILL OFFICE – 08/06/01

RE: GREEN, BARBARA

**ORTHOPAEDIC CONSULTATION REPORT
FOR CONDITIONS CAUSED BY ACCIDENT OF 07/17/01**

The patient still has pain in the cervical, dorsal and lumbar spine region. There is still limitation of motion and pain and muscle spasm on movements of the cervical and lumbar spine. Neurologically, she remains in status quo.

The patient is to continue her present program. I shall see her again three weeks from now.

Rida N. Azer, M.D.

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OXON HILL OFFICE

RE: GREEN, BARBARA JEAN
4107 Southern Avenue, #302
Capital Heights, MD 20743

DOB: 12/30/43

ORTHOPAEDIC CONSULTATION REPORT

DATE OF EXAMINATION: 07/20/01

CHIEF COMPLAINT: Pain in the neck, middle back, shoulder blades and lower back since 07/17/01. She also has pain in the left hip.

HISTORY: The condition started when the patient was injured when a stack of boxes fell over her in a K-Mart store. There was no loss of consciousness, no vomiting, no anosmia, no diplopia and no bleeding from the orifices.

In the past history, the patient has been under our care for orthopaedic conditions and has had treatment for breast cancer.

She is known to be allergic to Iodine.

EXAMINATION: On examination, the patient is alert and oriented. Eyes, ears, nose, mouth and throat clear.

She has surgical incisions in the neck. She previously had anterior cervical discectomy and fusion.

07/20/01

RE: GREEN, BARBARA JEAN

She is tender over the right and left levator scapula from C2, C3, C4, C5, C6 and C7 with tenderness of the spinous processes. She is tender also over right and left erector spinus muscles over T7, T8 and T9. She is tender over the medial border of the right and left scapula with painful scapular rotation.



The lumbar spine shows tenderness between L4, L5 and S1. Her straight leg-raising test is 30 degrees bilaterally. Lasegue's sign is positive bilaterally.

She is tender also over the left posterior sacroiliac joint over the greater trochanter of the left hip.

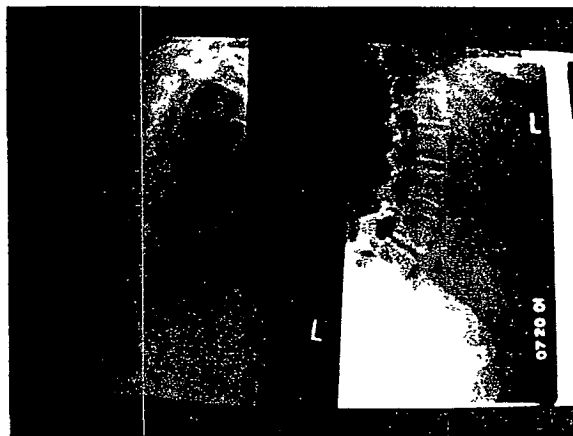
There is hypoesthesia over the left C5, C6 and C7 and over the left L4, L5 and S1. There is marked limitation of both the cervical and the lumbar spine with pain and muscle spasm on movements, the range being flexion to 40 degrees, extension to 10 degrees, lateral tilt to the right 5 degrees and to the left 10 degrees with pain and muscle spasm on movements.

07/20/01

RE: GREEN, BARBARA JEAN

X-RAY REPORT

X-rays taken of the lumbar spine and pelvis show no evidence of fractures or dislocations. She has narrowing of the interspace between L4-L5 and L5-S1. Pelvis shows no disruption of the pelvic ring and no evidence of fractures or dislocations.



The cervical spine shows the fusion mass between C5-C6 to remain satisfactory. There is no evidence of fractures in the fusion mass. There is some narrowing of the interspace above the fusion and below the fusion.

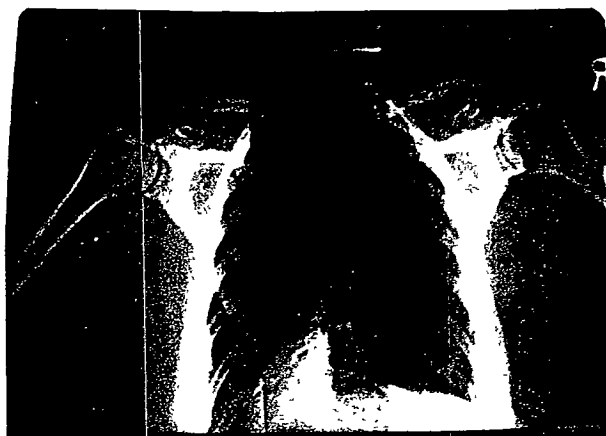


Dorsal spine shows no evidence of compression fractures.

07/20/01

RE: GREEN, BARBARA JEAN

Right and left scapula shows no evidence of fractures or dislocations and no evidence of heterotopic calcific shadows.



IMPRESSION:

Multiple injuries with:

- 1) Acute cervical strain
- 2) Acute strain, dorsal spine with traumatic bilateral subscapular bursitis
- 3) Acute lumbosacral strain with lumbar disc syndrome

RECOMMENDATION:

The patient will be given a suprascapular nerve block and a dorsal paravertebral nerve block. She will be placed on physical therapy.

She should have EMG and nerve conduction studies of the upper and lower limbs for the presence of compression neuropathy and radiculopathy. I shall see her again three weeks from now.

07/20/01

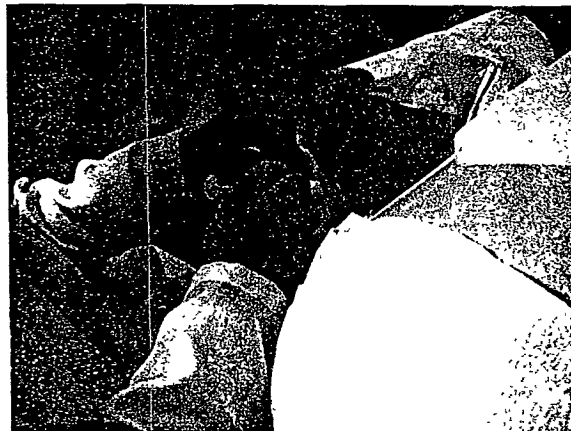
RE: GREEN, BARBARA JEAN

PROCEDURE NOTE

- 1) Right Suprascapular Nerve Block: The patient was placed in the prone position and the right scapular region was prepared. Under sterile aseptic technique, the patient was given a right suprascapular nerve block avoiding injury to the pleura, lungs and neurovascular structures. A dressing was applied.



- 2) Dorsal Paravertebral Nerve Block: The patient was placed in the prone position and the dorsal spine region was prepared. Under sterile aseptic technique, the patient was given a dorsal paravertebral nerve block between T8 and T9 avoiding injury to the pleura, lungs and intercostal vessels and nerves. A dressing was applied.



**THE METROPOLITAN WASHINGTON ORTHOPAEDIC ASSOCIATION
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& IMAGING

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TALAAT F. MAXIMOUS, M.D.**

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REHABILITATION CENTER

**INGRID GHEEN, M.D.
BOARD CERTIFIED**

**CHRISTINA LENCHERT, M.P.T.
CHIEF PHYSICAL THERAPIST**

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ORTHOPAEDIC CENTER
10403 HOSPITAL DRIVE
SUITE G-06
CLINTON, MD 20735

TELEPHONE (301) 877-2290
FAX (301) 877-2065

OXON HILL OFFICE

RE: GREEN, BARBARA JEAN
4107 Southern Avenue, #302
Capital Heights, MD 20743

DOB: 12/30/43

ORTHOPAEDIC CONSULTATION REPORT

DATE OF EXAMINATION: 07/20/01

CHIEF COMPLAINT: Pain in the neck, middle back, shoulder blades and lower back since 07/17/01. She also has pain in the left hip.

HISTORY: The condition started when the patient was injured when a stack of boxes fell over her in a K-Mart store. There was no loss of consciousness, no vomiting, no anosmia, no diplopia and no bleeding from the orifices.

In the past history, the patient has been under our care for orthopaedic conditions and has had treatment for breast cancer.

She is known to be allergic to Iodine.

EXAMINATION: On examination, the patient is alert and oriented. Eyes, ears, nose, mouth and throat clear.

She has surgical incisions in the neck. She previously had anterior cervical discectomy and fusion.

07/20/01

RE: GREEN, BARBARA JEAN

She is tender over the right and left levator scapula from C2, C3, C4, C5, C6 and C7 with tenderness of the spinous processes. She is tender also over right and left erector spinous muscles over T7, T8 and T9. She is tender over the medial border of the right and left scapula with painful scapular rotation.



The lumbar spine shows tenderness between L4, L5 and S1. Her straight leg-raising test is 30 degrees bilaterally. Lasegue's sign is positive bilaterally.

She is tender also over the left posterior sacroiliac joint over the greater trochanter of the left hip.

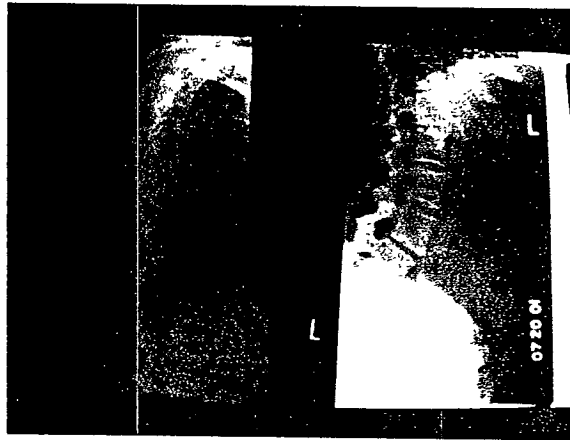
There is hypoesthesia over the left C5, C6 and C7 and over the left L4, L5 and S1. There is marked limitation of both the cervical and the lumbar spine with pain and muscle spasm on movements, the range being flexion to 40 degrees, extension to 10 degrees, lateral tilt to the right 5 degrees and to the left 10 degrees with pain and muscle spasm on movements.

07/20/01

RE: GREEN, BARBARA JEAN

X-RAY REPORT

X-rays taken of the lumbar spine and pelvis show no evidence of fractures or dislocations. She has narrowing of the interspace between L4-L5 and L5-S1. Pelvis shows no disruption of the pelvic ring and no evidence of fractures or dislocations.



The cervical spine shows the fusion mass between C5-C6 to remain satisfactory. There is no evidence of fractures in the fusion mass. There is some narrowing of the interspace above the fusion and below the fusion.

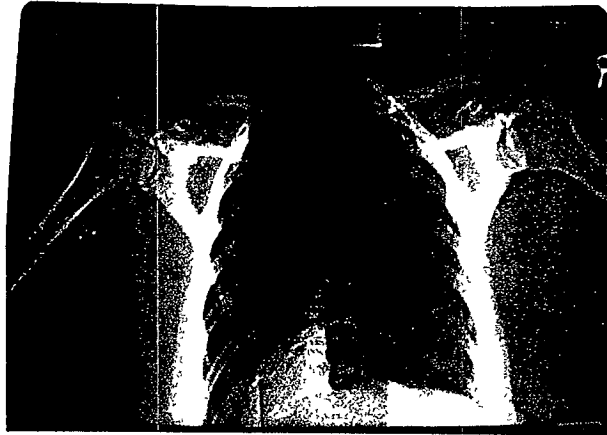


Dorsal spine shows no evidence of compression fractures.

07/20/01

RE: GREEN, BARBARA JEAN

Right and left scapula shows no evidence of fractures or dislocations and no evidence of heterotopic calcific shadows.



IMPRESSION:

Multiple injuries with:

- 1) Acute cervical strain
- 2) Acute strain, dorsal spine with traumatic bilateral subscapular bursitis
- 3) Acute lumbosacral strain with lumbar disc syndrome

RECOMMENDATION:

The patient will be given a suprascapular nerve block and a dorsal paravertebral nerve block. She will be placed on physical therapy.

She should have EMG and nerve conduction studies of the upper and lower limbs for the presence of compression neuropathy and radiculopathy. I shall see her again three weeks from now.

IRS # 521022520

METRO. WASHINGTON ORTHO ASSOC
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OXON HILL, MD. 20745
Tel: 301/839-3373

K MART CUSTOMER SERV.
P O BOX 5058
TROY, MICHIGAN 48007

Acct: 10037028-1 /89 578589482
Pat : GREEN, BARBARA J 12/30/43
Tel: 301/568-2234

Ins1: K MART CUSTOMER SERVICE 200107519
Ins2: CAREFIRST/BCBS R50073003

Date	Diag	Ref	C.P.T	Qt	Procedure	Plc	Prv	Amt	Bal
07/20/01	847.0		9920525	1	COMPRHSV ORTH EVAL/REC	0	1	450.00	450.00
07/20/01	847.0		73010RT	1	X-R SCAPULA/RT	0	1	200.00	200.00
07/20/01	847.0		73010LT	1	X-R SCAPULA/RT	0	1	200.00	200.00
07/20/01	847.0		64418	1	INJECTION FOR NERVE BLD	0	1	325.00	325.00
07/20/01	847.0		64483	1	PARAVERT LUMBAR/DORSAL	0	1	375.00	375.00
07/20/01	847.0		72050	1	X-RAY EXAM OF NECK SPIN	0	1	250.00	250.00
07/20/01	847.0		72070	1	X-RAY EXAM OF THORAX SP	0	1	200.00	200.00
07/20/01	847.0		72100	1	X-RAY OF LOWER SPINE	0	1	250.00	250.00
07/20/01	847.0		72170	1	X-RAY EXAM OF PELVIS	0	1	150.00	150.00
08/06/01	847.0		99215	1	INTERMEDIATE EXAM/REC	0	1	250.00	250.00
08/27/01	847.0		99215	1	INTERMEDIATE EXAM/REC	0	1	250.00	250.00
09/17/01	847.0		99215	1	INTERMEDIATE EXAM/REC	0	1	250.00	250.00
10/09/01	847.0		99215	1	INTERMEDIATE EXAM/REC	0	1	250.00	250.00
10/31/01	840.0		9921525	1	INTERMEDIATE EXAM/REC	0	1	250.00	28.25
11/29/01			375		BC/BS OF NCA	0	1	-84.75	
11/29/01			300		BC/BS ADJUSTMENT	0	1	-137.00	
10/31/01	840.0		20610	1	ARTHROCENTESIS/MJ JOINT	0	1	280.00	14.50
11/29/01			375		BC/BS OF NCA	0	1	-43.50	
11/29/01			300		BC/BS ADJUSTMENT	0	1	-222.00	
10/31/01	840.0		73030RT	1	X-RAY EXAM OF SHOULDER	0	1	200.00	11.00
11/29/01			375		BC/BS OF NCA	0	1	-33.00	
11/29/01			300		BC/BS ADJUSTMENT	0	1	-156.00	
11/21/01	847.0		99215	1	INTERMEDIATE EXAM/REC	0	1	250.00	250.00
02/08/02	847.0		99215	1	INTERMEDIATE EXAM/REC	0	1	250.00	250.00

Regular Balance: \$ 3953.75

IRS # 521022520

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Ins2: CAREFIRST/BCBS R50073003

Date	Diag	Ref	C.P.T	Qt	Procedure	Plc	Prv	Amt	Bal
07/23/01	847.0	5128	97001	1	INITIAL EVAL X 45MIN/RE	0	01	250.00	250.00
07/25/01	847.0	5128	97010	1	MOIST,HEAT/CRYOTHERAPY	0	01	50.00	50.00
07/25/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	01	85.00	85.00
07/30/01	847.0	5128	97010	1	MOIST,HEAT/CRYOTHERAPY	0	M1	50.00	50.00
07/30/01	847.0	5128	97014	1	ELECTRIC STIMULATION TH	0	M1	100.00	100.00
07/30/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	M1	85.00	85.00
07/30/01	847.0	5128	E0753	1	ORTHO SUPPLIES	0	M1	5.00	5.00
07/23/01	847.0	5128	95864	1	ELECTROMYOGRAPHY, 4 LIM	0	31	750.00	750.00
07/23/01	847.0	5128	9590050	8	MOTOR NERVE CONDUCTION	0	31	560.00	560.00
07/23/01	847.0	5128	9590450	4	SENSE NERVE CONDUCTION	0	31	280.00	280.00
07/23/01	847.0	5128	9593450	2	H-REFLEX X 2RT & LT	0	31	220.00	220.00
07/23/01	847.0	5128	9590350	2	F-WAVE LATENCY X2 RT LT	0	31	220.00	220.00
08/03/01	847.0	5128	97010	1	MOIST,HEAT/CRYOTHERAPY	0	J1	50.00	50.00
08/03/01	847.0	5128	97014	1	ELECTRIC STIMULATION TH	0	J1	100.00	100.00
08/03/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	J1	85.00	85.00
08/01/01	847.0	5128	97010	1	MOIST,HEAT/CRYOTHERAPY	0	G1	50.00	50.00
08/01/01	847.0	5128	97014	1	ELECTRIC STIMULATION TH	0	G1	100.00	100.00
08/01/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	G1	85.00	85.00
08/08/01	726.2	5128	97010	1	MOIST,HEAT/CRYOTHERAPY	0	Z1	50.00	50.00
08/08/01	726.2	5128	97014	1	ELECTRIC STIMULATION TH	0	Z1	100.00	100.00
08/08/01	726.2	5128	97110	2	THERAPEUTIC EXERCISES	0	Z1	85.00	85.00
08/10/01	847.0	5128	97010	1	MOIST,HEAT/CRYOTHERAPY	0	01	50.00	50.00
08/10/01	847.0	5128	97014	1	ELECTRIC STIMULATION TH	0	01	100.00	100.00
08/10/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	01	85.00	85.00
08/15/01	847.0	5128	97010	1	MOIST,HEAT/CRYOTHERAPY	0	M1	50.00	50.00
08/15/01	847.0	5128	97014	1	ELECTRIC STIMULATION TH	0	M1	100.00	100.00
08/15/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	M1	85.00	85.00
08/13/01	847.0	5128	97010	1	MOIST,HEAT/CRYOTHERAPY	0	G1	50.00	50.00
08/13/01	847.0	5128	97014	1	ELECTRIC STIMULATION TH	0	G1	100.00	100.00
08/13/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	G1	85.00	85.00
08/17/01	847.0	5128	97010	1	MOIST,HEAT/CRYOTHERAPY	0	W1	50.00	50.00
08/17/01	847.0	5128	97014	1	ELECTRIC STIMULATION TH	0	W1	100.00	100.00
08/17/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	W1	85.00	85.00
08/22/01	847.0	5128	97010	1	MOIST,HEAT/CRYOTHERAPY	0	M1	50.00	50.00
08/22/01	847.0	5128	97014	1	ELECTRIC STIMULATION TH	0	M1	100.00	100.00
08/22/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	M1	85.00	85.00
08/24/01	847.0	5128	97010	1	MOIST,HEAT/CRYOTHERAPY	0	G1	50.00	50.00
08/24/01	847.0	5128	97014	1	ELECTRIC STIMULATION TH	0	G1	100.00	100.00
08/24/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	G1	85.00	85.00
08/24/01	847.0	5128	97530	1	KINETIC THERAPY	0	G1	105.00	105.00
08/29/01	847.0	5128	97002	1	RE/EVALUATION/REPT	0	01	150.00	150.00

Oper: SM

PHYSICAL MEDICINE REHAB CENTER

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IRS # 521022520

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Acct: 20037028-1 /89 578589482

Pat : GREEN, BARBARA J 12/30/43

Tel: 301/568-2234

Ins1: K MART CUSTOMER SERVICE 200107519

Ins2: CAREFIRST/BCBS R50073003

Date	Diag	Ref	C.F.T	Qt	Procedure	Plc	Prv	Amt	Bal
09/10/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	Z1	85.00	85.00
09/10/01	847.0	5128	97530	1	KINETIC THERAPY	0	Z1	105.00	105.00
09/07/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	G1	85.00	85.00
09/07/01	847.0	5128	97530	1	KINETIC THERAPY	0	G1	105.00	105.00
09/10/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	W1	85.00	85.00
09/10/01	847.0	5128	97530	1	KINETIC THERAPY	0	W1	105.00	105.00
09/14/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	H1	85.00	85.00
09/14/01	847.0	5128	97530	1	KINETIC THERAPY	0	H1	105.00	105.00
09/19/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	Z1	85.00	85.00
09/19/01	847.0	5128	97530	1	KINETIC THERAPY	0	Z1	105.00	105.00
09/21/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	X1	85.00	85.00
09/21/01	847.0	5128	97530	1	KINETIC THERAPY	0	X1	105.00	105.00
09/24/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	G1	85.00	85.00
09/24/01	847.0	5128	97530	1	KINETIC THERAPY	0	G1	105.00	105.00
10/05/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	X1	85.00	12.00
10/25/01		5128	375		BC/BS OF NCA	0	X1	-36.00	
10/25/01		5128	300		BC/BS ADJUSTMENT	0	X1	-37.00	
10/05/01	847.0	5128	97530	1	KINETIC THERAPY	0	X1	105.00	6.00
10/25/01		5128	375		BC/BS OF NCA	0	X1	-18.00	
10/25/01		5128	300		BC/BS ADJUSTMENT	0	X1	-81.00	
10/08/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	J1	85.00	12.00
11/02/01		5128	375		BC/BS OF NCA	0	J1	-36.00	
11/02/01		5128	300		BC/BS ADJUSTMENT	0	J1	-37.00	
10/08/01	847.0	5128	97530	1	KINETIC THERAPY	0	J1	105.00	6.00
11/02/01		5128	375		BC/BS OF NCA	0	J1	-18.00	
11/02/01		5128	300		BC/BS ADJUSTMENT	0	J1	-81.00	
10/17/01	847.0	5128	97002	1	RE/EVALUATION/REPT	0	01	150.00	8.25
11/27/01		5128	375		BC/BS OF NCA	0	01	-24.75	
11/27/01		5128	300		BC/BS ADJUSTMENT	0	01	-117.00	
10/17/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	01	85.00	6.00
11/27/01		5128	375		BC/BS OF NCA	0	01	-18.00	
11/27/01		5128	300		BC/BS ADJUSTMENT	0	01	-61.00	
10/17/01	847.0	5128	97530	1	KINETIC THERAPY	0	01	105.00	6.00
11/27/01		5128	375		BC/BS OF NCA	0	01	-18.00	
11/27/01		5128	300		BC/BS ADJUSTMENT	0	01	-81.00	
10/19/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	X1	85.00	12.00
11/09/01		5128	375		BC/BS OF NCA	0	X1	-36.00	
11/09/01		5128	300		BC/BS ADJUSTMENT	0	X1	-37.00	
10/19/01	847.0	5128	97530	1	KINETIC THERAPY	0	X1	105.00	6.00
11/09/01		5128	375		BC/BS OF NCA	0	X1	-18.00	
11/09/01		5128	300		BC/BS ADJUSTMENT	0	X1	-81.00	

IRS # 521022520

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Ins1: K MART CUSTOMER SERVICE-200107519
Ins2: CAREFIRST/BCBS R50073003

Date	Diag	Ref	C.P.T	Qt	Procedure	Plc	Prv	Amt	Bal
10/22/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	H1	85.00	12.00
11/09/01		5128	375		BC/BS OF NCA	0	H1	-36.00	
11/09/01		5128	300		BC/BS ADJUSTMENT	0	H1	-37.00	
10/22/01	847.0	5128	97530	1	KINETIC THERAPY	0	H1	105.00	12.00
11/09/01		5128	375		BC/BS OF NCA	0	H1	-36.00	
11/09/01		5128	300		BC/BS ADJUSTMENT	0	H1	-57.00	
10/22/01	847.0	5128	97530	1	KINETIC THERAPY	0	H1	105.00	0.00
11/09/01		5128	375		BC/BS OF NCA	0	H1	0.00	
11/09/01		5128	300		BC/BS ADJUSTMENT	0	H1	-105.00	
10/24/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	H1	85.00	12.00
11/27/01		5128	375		BC/BS OF NCA	0	H1	-36.00	
11/27/01		5128	300		BC/BS ADJUSTMENT	0	H1	-37.00	
10/24/01	847.0	5128	97530	1	KINETIC THERAPY	0	H1	105.00	6.00
11/27/01		5128	375		BC/BS OF NCA	0	H1	-18.00	
11/27/01		5128	300		BC/BS ADJUSTMENT	0	H1	-81.00	
10/24/01	847.0	5128	97530	1	KINETIC THERAPY	0	H1	105.00	6.00
11/27/01		5128	375		BC/BS OF NCA	0	H1	-18.00	
11/27/01		5128	300		BC/BS ADJUSTMENT	0	H1	-81.00	
10/29/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	H1	85.00	12.00
11/27/01		5128	375		BC/BS OF NCA	0	H1	-36.00	
11/27/01		5128	300		BC/BS ADJUSTMENT	0	H1	-37.00	
10/29/01	847.0	5128	97530	1	KINETIC THERAPY	0	H1	105.00	6.00
11/27/01		5128	375		BC/BS OF NCA	0	H1	-18.00	
11/27/01		5128	300		BC/BS ADJUSTMENT	0	H1	-81.00	
11/19/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	X1	85.00	85.00
11/19/01	847.0	5128	97530	1	KINETIC THERAPY	0	X1	105.00	105.00
11/26/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	Z1	85.00	85.00
11/26/01	847.0	5128	97530	1	KINETIC THERAPY	0	Z1	105.00	105.00
11/28/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	X1	85.00	85.00
11/28/01	847.0	5128	97530	1	KINETIC THERAPY	0	X1	105.00	105.00
11/30/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	G1	85.00	85.00
11/30/01	847.0	5128	97530	1	KINETIC THERAPY	0	G1	105.00	105.00
12/05/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	W1	85.00	85.00
12/05/01	847.0	5128	97530	1	KINETIC THERAPY	0	W1	105.00	105.00
12/07/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	F1	85.00	85.00
12/07/01	847.0	5128	97530	1	KINETIC THERAPY	0	F1	105.00	105.00
12/10/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	O1	85.00	85.00
12/10/01	847.0	5128	97530	1	KINETIC THERAPY	0	O1	105.00	105.00
12/12/01	847.0	5128	97110	2	THERAPEUTIC EXERCISES	0	Z1	85.00	85.00
12/12/01	847.0	5128	97530	1	KINETIC THERAPY	0	Z1	105.00	105.00
12/14/01	847.0	5128	97002	1	RE/EVALUATION/REPT	0	O1	150.00	150.00

Referral Physician: AZER, RIDA N MD

Regular Balance: \$ 8165.25

THOMAS WILLIAM ULLRICH
ATTORNEY AT LAW

2120 L STREET, N W, SUITE 700
WASHINGTON, D C 20037

202-298-6890
202-659-5522
FAX 202-659-2823

LICENSED IN VA , D C , MD & FLA

March 22, 2002

Kmart Corporation
c/o Trumbull Services
P.O. Box 426
Windsor, Connecticut 06095

Re: Your Client: Kmart Corporation
Claimant: Barbara Green
Date of Loss: July 17, 2001
Case No.: 02B02474

Dear Sir/Madame:

This is to advise that the undersigned has been retained by Ms. Barbara Green who sustained personal injuries on July 17, 2001 while shopping in one of your Kmart stores when a stack of boxes fell from a shelf hitting her on her back. The incident occurred as a result of Kmart personnel in failing to maintain the store premises in a reasonably safe condition for customers.

Ms. Green was injured as a result of the incident and seeks compensation for her injuries and expenses.

Enclosed herewith is Proof of Claim form in the above entitled matter together with medical bills and medical records regarding treatment of Ms. Green.

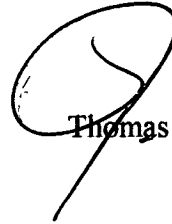
The special damages are as follows:

Physical Medicine Rehab. Center	\$8,165.25
Metro. Wash. Ortho. Association	<u>3,953.75</u>
Total expenses	\$12,119.00

As a result of the incident Ms. Green sustained personal injuries including acute cervical strain, acute strain, dorsal spine with traumatic bilateral subscapular bursitis, acute lumbosacral strain with lumbar disc syndrome.

A settlement demand of \$100,000.00 is made on behalf of my client.

Very truly yours,

A handwritten signature in black ink, consisting of a large, stylized loop followed by a vertical stroke that extends downwards.

Thomas W. Ullrich

TWU/mvd
Enclosures