

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION**

In re: K-Mart Corporation et al.		Case Number 02-802481	Your claim is scheduled as follows:
Name of Debtor: (see attached for complete list of debtors) K-MART OF MICHIGAN, INC		Case Number: 02-802481	Class
Name of Creditor (The person or other entity to whom the debtor owes money or property) Dan's Lock and Key 116 S. Depot St. Tonia, Mich. 48846			Amount
If address differs from above, please complete the following: Creditor Name Address City/State/Zip		Telephone # 616-527-7790	This Space is for Court Use Only
Account or other number by which creditor identifies debtor		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"/> Retire benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) You are owed _____ Unpaid compensation for services performed from <u>11-06-01</u> to <u>11-09-01</u> (date) (date)	
2. Date debt was incurred: 11-6-01		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 1285.66 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, if any: \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ 1285.66 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. 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 3/29/02 KP-880
Date 3/29/02	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) Dan Vas		This Space is for Court Use Only 3/29/02 KP-880

NOTICE

The preceding page is a copy of the creditor's original proof of claim which contains their social security number. This number has been blacked out for privacy reasons. Following is the creditor's original proof of claim showing the creditors social security number.

TRUMBULL SERVICES, LLC

FORM B10 (Official Form 10)

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

In re: K-Mart Corporation et al. Case Number: 02-302481

Your claim is scheduled as follows:

Name of Debtor: (see attached for complete list of debtors)
K-MART OF MICHIGAN, INC.

Case Number:
02-302481

Class

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. Requests for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Amount

Name of Creditor (The person or other entity to whom the debtor owes money or property):
Dan's Lock and Key
116 S. Depot St.
Tonia, Mich. 48846

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.

If address differs from above, please complete the following:
Creditor Name
Address
City/ST/Zip

Telephone #
616-527-7790

This Space is for Court Use Only

Account or other number by which creditor identifies debtor

Check here if replaces this claim amends a previously filed claim, dated _____

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 # 38-62410202
Unpaid compensation for services performed from 11-06-01 to 11-09-01
(date) (date)

2. Date debt was incurred:
11-6-01

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 1285.66
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 \$ 1285.66
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)()

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

3/29/02
RECEIVED
TRUMBULL SERVICES
COMPANY
KP 880
002 MAR 29 PM 1:42

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)
Dan Was



DAN'S LOCK & KEY
 116 South Depot Street
 IONIA, MICHIGAN 48846
 (616) 527-7790
 FAX (616) 527-7791

**WORK ORDER
 INVOICE**

0434

NAME		DATE
ADDRESS		
LOCATION		PHONE
TERMS		

QTY	DESCRIPTION	PRICE	AMOUNT
	DUPLICATE KEYS		
	ORIGINAL KEYS		
	DEADBOLT (TYPE)		
	KNOBSET (TYPE)		
	LOCKSET (TYPE)		
SUB-TOTAL PAGE 1			456.85
SUB-TOTAL PAGE 2			114.96
SUB-TOTAL			571.81
TAX			34.31
TOTAL MATERIAL			606.12

DESCRIPTION	HRS/RATE	AMOUNT
Install Adams Rite Locks, Slide Bolts INDIAN 2 LOCKS, OIL & ADJUST LABOR TO INSTALL ABOVE		376.00
2 CYLINDER COMBINATION CHANGE Best Copies Pinned	15.00	30.00
SAFE COMBINATION CHANGE		
EMERGENCY HOME/AUTO LOCKOUT SERVICE		
SERVICE CALL		90.00
	DAN	\$ 496.00
	1-16-02	

CUSTOMER SIGNATURE: *Theresa E. [Signature]*

- MAIN ENTRANCE
- FRONT DOOR
- SIDE DOOR
- OPEN LOCK(S)
- SECURE PREMISES
- FIT KEYS
- REAR DOOR
- HALL DOOR
- INSIDE
- INSTALL
- REMOVE & REPLACE
- MASTER KEY
- WINDOW
- CLOSET
- CHANGE COMB
- SAFE
- PATIO DOOR
- CLEAN/LUBR
- ADJUST

TOTAL LABOR	
SUB-TOTAL	
TAX	
TOTAL	\$ 1,102.12

AUTHORIZATION FOR SECURITY / EMERGENCY SERVICES.
 I hereby certify that I have the authority to order the lock, key or security work designated above. Further, I agree to absolve the locksmith who bears this authorization from any and all claims arising from the performance of such work.

SIGNATURE: *Completed* DATE: *11/16/01*

IF AUTO	
YEAR	MAKE
MODEL	
LICENSE NO	



DAN'S LOCK & KEY

116 South Depot Street
 Ionia, Michigan 48846
 (616) 527-7790
 FAX (616) 527-7791

WORK-ORDER INVOICE

0246

Steve Dumn

NAME: K-MART OF TONIA DATE: 11/9/01
 ADDRESS: 2448 S. STATE RD.
TONIA, MI. 48846 PHONE: 527-1962
 LOCATION: _____ TERMS: Charge

QTY	DESCRIPTION	PRICE	AMOUNT
1	DUPLICATE KEYS <i>Best E. Core</i>		15.00
5	ORIGINAL KEYS <i>Best E Keys</i>	3.00	15.00
1	DEADBOLT (TYPE) <i>KSP Mortise Cylinder</i>		24.99
	KNOBSET (TYPE)		54.99
	LOCKSET (TYPE)		
		TAX	3.30
		TOTAL MATERIAL	58.29

DESCRIPTION	HRS/RATE	AMOUNT
LABOR TO INSTALL ABOVE		35.25
3 CYLINDER COMBINATION CHANGE <i>Core Exchange</i>	15.00	45.00
SAFE COMBINATION CHANGE		
EMERGENCY HOME/AUTO LOCKOUT SERVICE		
SERVICE CALL		
		DAN <u>DO 45.00</u>
		<u>\$ 125.25</u>

CUSTOMER SIGNATURE: *Thanks ERZ*

MAIN ENTRANCE REAR DOOR WINDOW SAFE
 FRONT DOOR HALL DOOR CLOSET PATIO DOOR
 SIDE DOOR INSIDE _____
 OPEN LOCK(S) INSTALL: REPIN CLEAN/LUBR
 SECURE PREMISES REMOVE & REPLACE CHANGE COMB ADJUST
 FIT KEYS MASTER KEY _____

TOTAL LABOR	
SUB-TOTAL	
TAX	
TOTAL	<u>\$ 183.54</u>

AUTHORIZATION FOR SECURITY / EMERGENCY SERVICES.
 I hereby certify that I have the authority to order the lock, key or security work designated above. Further, I agree to absolve the locksmith who bears this authorization from any and all claims arising from the performance of such work.

SIGNATURE: *Complete Randy* DATE: 11/9/01

YEAR	MAKE
MODEL	
LICENSE NO	



DAN'S LOCK & KEY
116 South Depot Street
IONIA, MICHIGAN 48846
(616) 527-7790
FAX (616) 527-7791

WORK ORDER
INVOICE

ADH/JO
PETE D.

0431

NAME: KMART OF IONIA DATE: 11/6/01
 ADDRESS: 2948 S. STATE RD. PHONE: 527-1962
IONIA, MI. 48846 TERMS: CHARGE

QTY	DESCRIPTION	PRICE	AMOUNT
4	DUPLICATE KEYS <u>LSDA Martise Cyl</u>	9.99	39.96
3	ORIGINAL KEYS <u>LSDA Martise Cyl</u>	13.99	41.97
4	DEADBOLT (TYPE) <u>Tres Slide Bolts</u>	29.99	119.96
3	KNOBSET (TYPE) <u>Adams Rite Dead Locks</u>	55.00	165.00
2	LOCKSET (TYPE) <u>LSA Double Side Dead Bolt</u>	29.99	59.98
2	<u>LSA Double Side Dead Bolt</u>	14.99	29.98
SUB-TOTAL PAGE 1		TOTAL MATERIAL	\$456.85



DAN'S LOCK & KEY
116 South Depot Street
IONIA, MICHIGAN 48846
(616) 527-7790
FAX (616) 527-7791

WORK ORDER
INVOICE

0433

NAME: _____ DATE: _____
 ADDRESS: _____ PHONE: _____
 LOCATION: _____ TERMS: _____

QTY	DESCRIPTION	PRICE	AMOUNT
2	DUPLICATE KEYS <u>Best C Cores</u>	15.00	30.00
5	ORIGINAL KEYS <u>Best C Keys</u>	3.00	15.00
2	DEADBOLT (TYPE) <u>LSA Dumb Cyl</u>	9.99	19.98
2	KNOBSET (TYPE) <u>KSP Best C Core</u>	24.99	49.98
	LOCKSET (TYPE)		14.96
SUB-TOTAL PAGE 2		TOTAL MATERIAL	\$114.96