

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		PROOF OF CLAIM Chapter 11
In Re Kmart Corporation, et al.		Your claim is scheduled as follows:
Case Numbers: 02-02462 through 02-02499		Class
Name of Debtor: (see attached for complete list of debtors)		UNSECURED NON PRIORITY
Case Number:		Amount
<small>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.</small>		\$1,399.14
Name of Creditor (The person or other entity to whom the debtor owes money or property): <div style="text-align: right; margin-right: 50px;">11 2406352</div> ELWOOD W HARPER DISTRIBUTOR INC ACCOUNTS RECEIVABLE 520 PRINCETON STREET LEWISTOWN, PA 17044		
<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 checked="" 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.		
If address differs from above, please complete the following: Creditor Name: _____ Telephone: # <u>717-248-6336</u> Address: _____ <u>Fax 717-248-9945</u> City/St/Zip: _____		10575438 This Space is for Court Use Only
Account or other number by which creditor identifies debtor: _____		<input type="checkbox"/> Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input 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"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ <div style="text-align: center;">(date) (date)</div>
2. Date debt was incurred: <u>12-13-01</u>		3. If court judgment, date obtained: _____
4. Total Amount of Claim at Time Case Filed: \$ _____ 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 <u>at time case filed</u> 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 \$ _____ 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 <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 150px;"> RECEIVED TRUSTEE SERVICES BANKRUPTCY 2002 APR -8 PM 1:04 4/8/02 SJH 14864 </div>
Date <u>4-3-02</u>	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): <u>Kenneth E. Harper Jr</u> <u>Kenneth E. Harper Jr</u> <u>Secretary Treasurer</u>	
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.		

Check Super K Kmart Corporation 74-478/724
CHECK NUMBER: 004031227

PAY TO THE ORDER OF
NINETY-ONE AND 92/100 DOLLARS
031310552

ELWOOD W HARPER DISTRIBUTION
890 PRINCETON STREET
LEWISTOWN PA 17044
CHECK DATE 10/2002
CHECK AMOUNT *****91.92

AMERICA BANK & TRUST, N.A.
ANN ARBOR, MI
THIS DOCUMENT IS PRINTED IN BLUE INK AND CONTAINS SECURITY FEATURES ON BOTH SIDES. DO NOT ACCEPT UNLESS THESE SECURITY FEATURES ARE PRESENT.

⑈004031227⑈ ⑆072404786⑆ 2176965339⑈ ⑈00000009192⑈
475513039 165 0520 01 01-25-02

1205
ADVICE OF CHARGE
KISH VALLEY NATIONAL BANK
BELLEVILLE, PA 17004
ACCOUNT NUMBER * 000114855

DATE	WE CHARGE YOUR ACCOUNT AS FOLLOWS	AMOUNT
1-30-02	Rth Check/Super K	
APPROVED BY		

Elwood Harper Distributor
\$ 91.92
↓ TOTAL AMOUNT ↓

(54)

⑈031310552⑈

1206

KISH VALLEY NATIONAL BANK
BELLEVILLE, PA 17004

ADVICE OF CHARGE

ACCOUNT
NUMBER

000114855

*

DATE

1-30-02

APPROVED BY

[Signature]

WE CHARGE YOUR ACCOUNT AS FOLLOWS

Bin check fee

AMOUNT

↓ TOTAL AMOUNT ↓

Elwood Harper Distributor

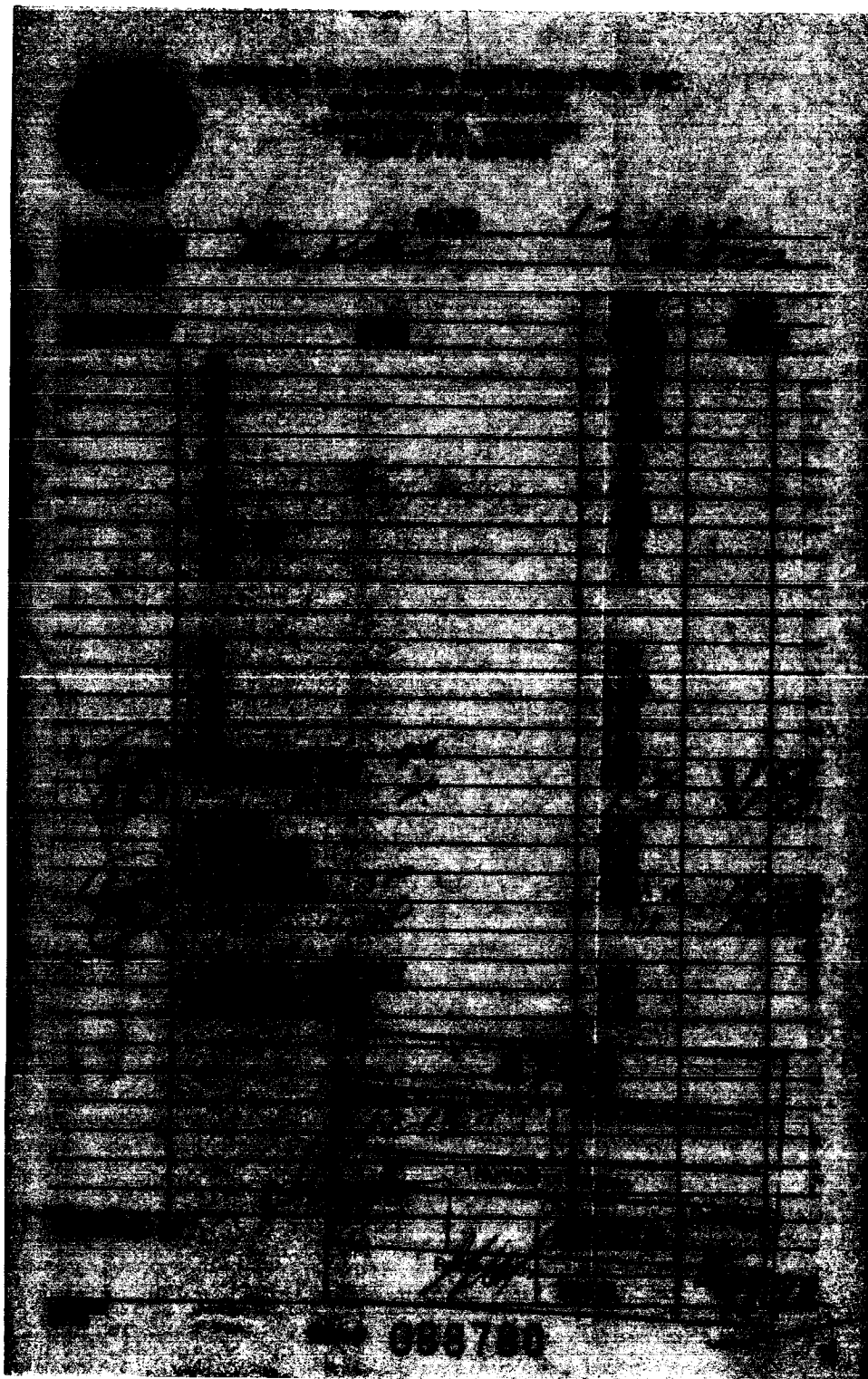
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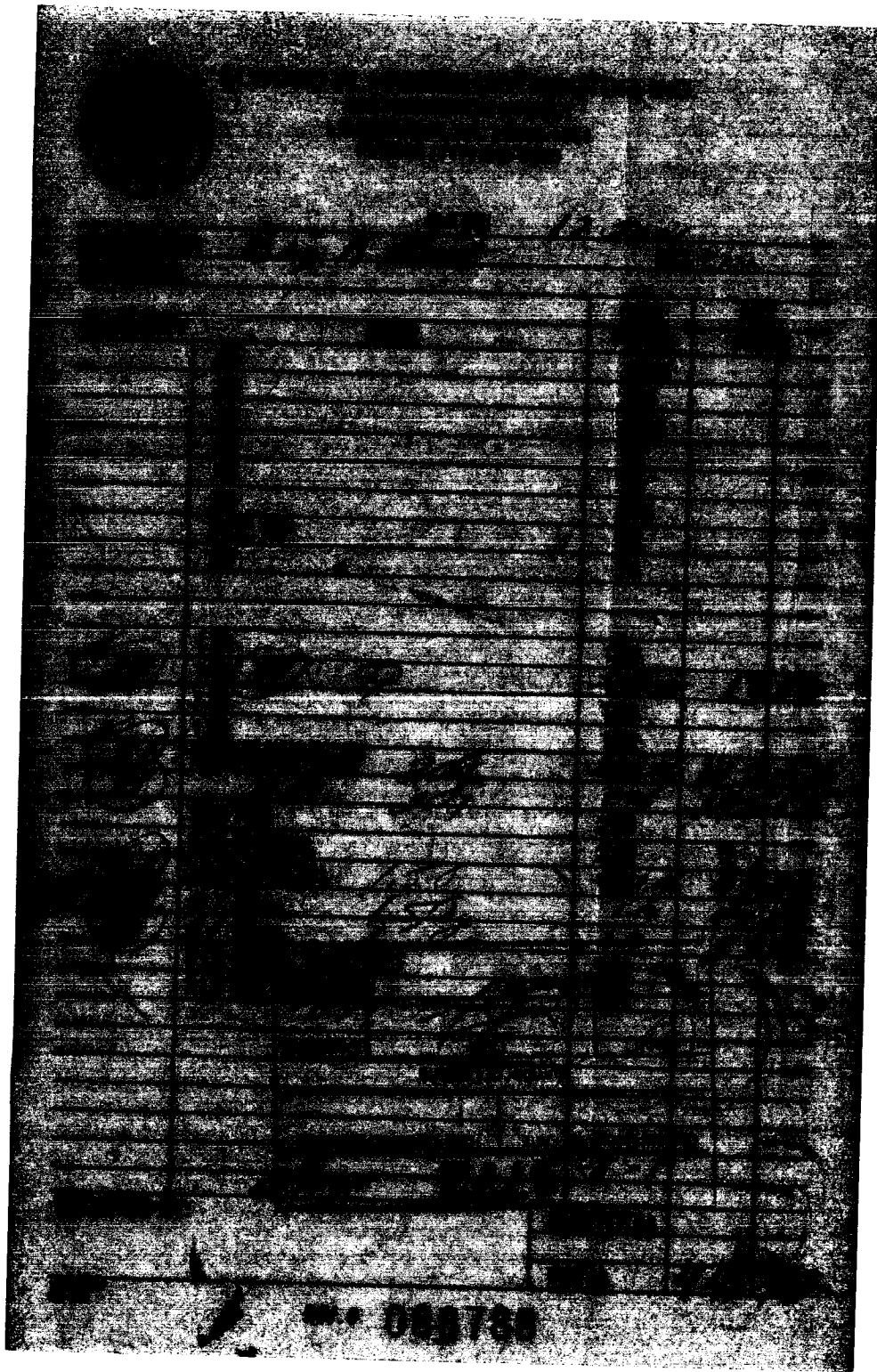
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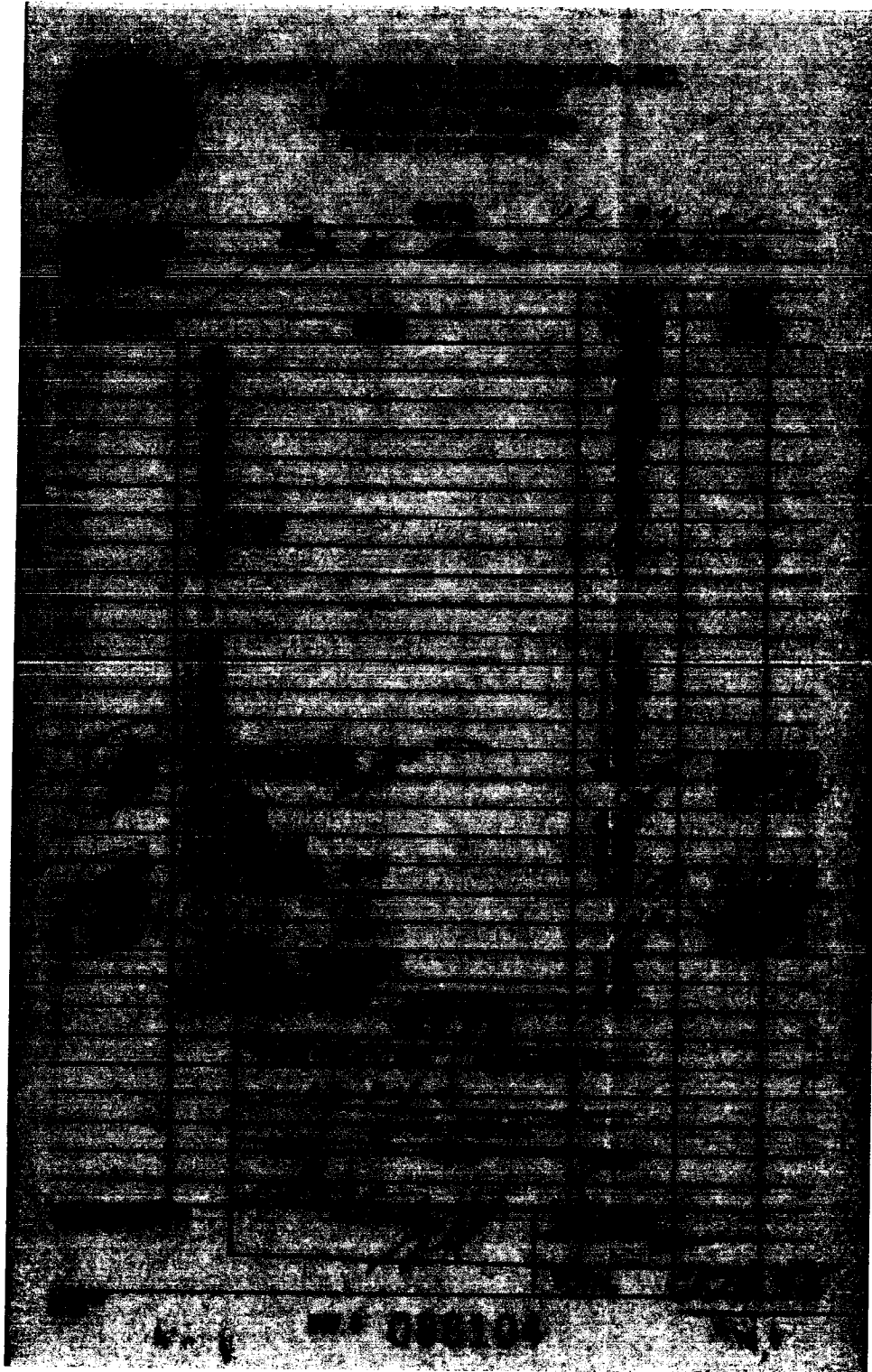
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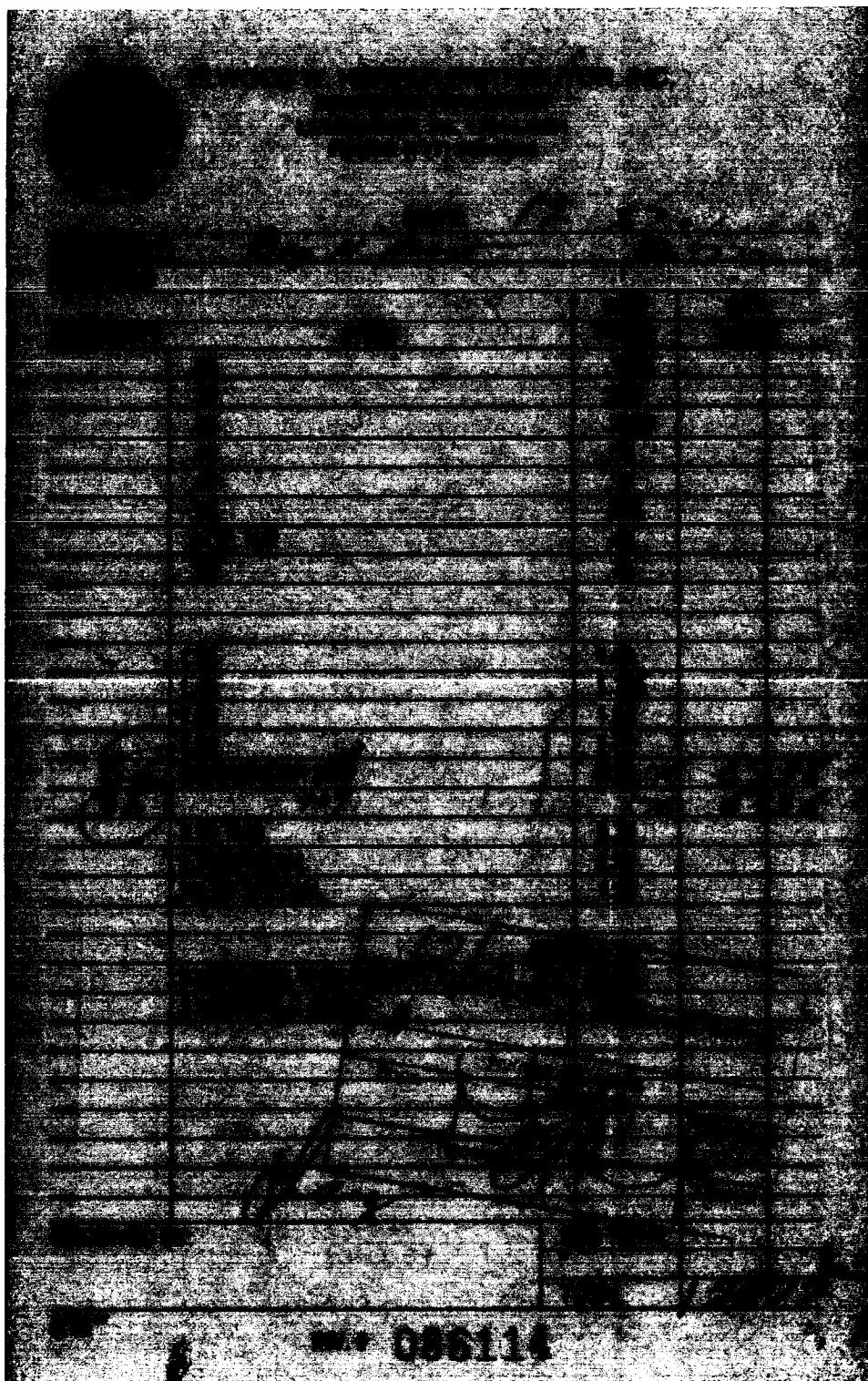
91.92+
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441.42+
223.56+
126.72+
158.40+
63.36+
178.56+
1,399.14*

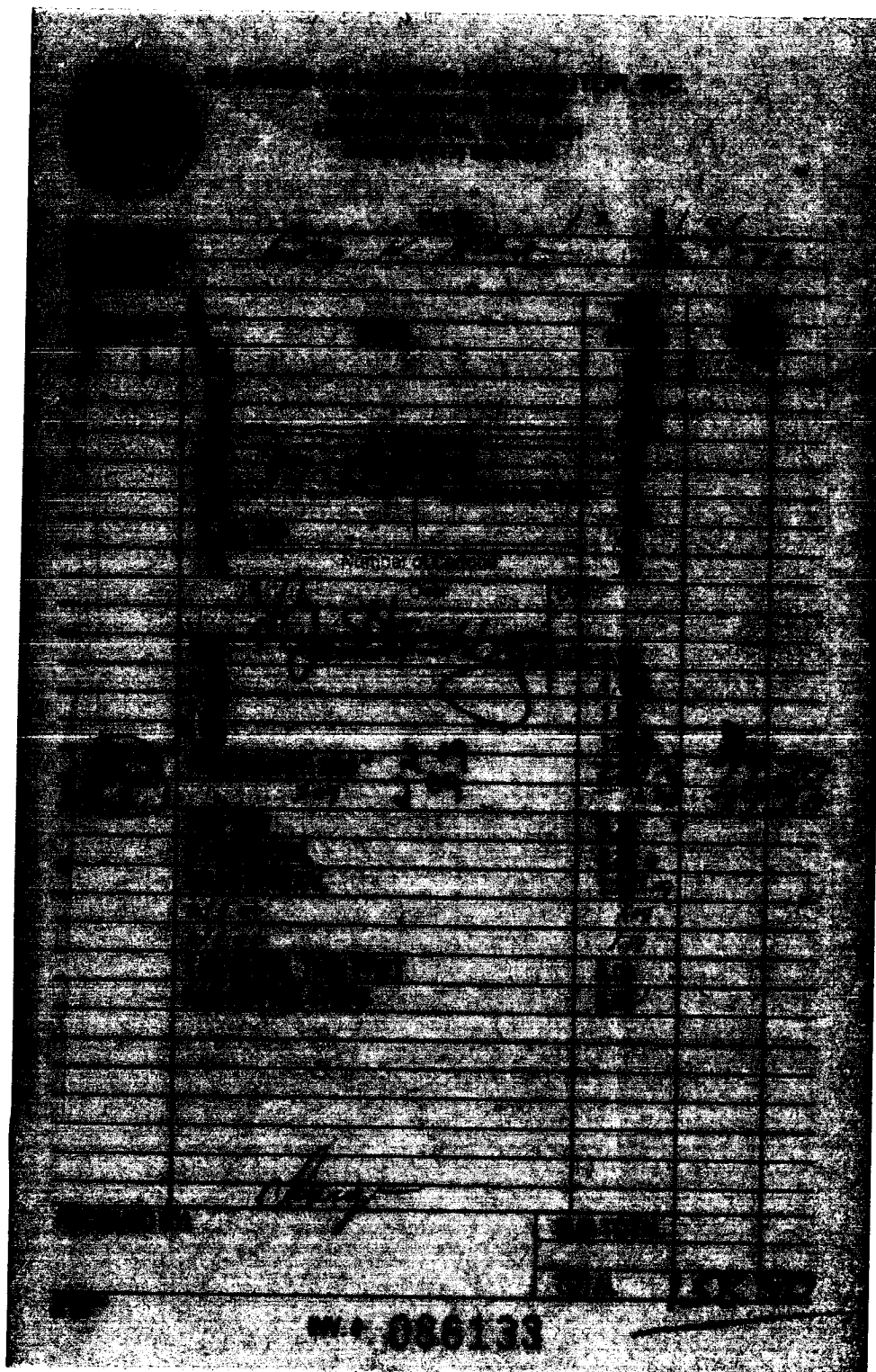


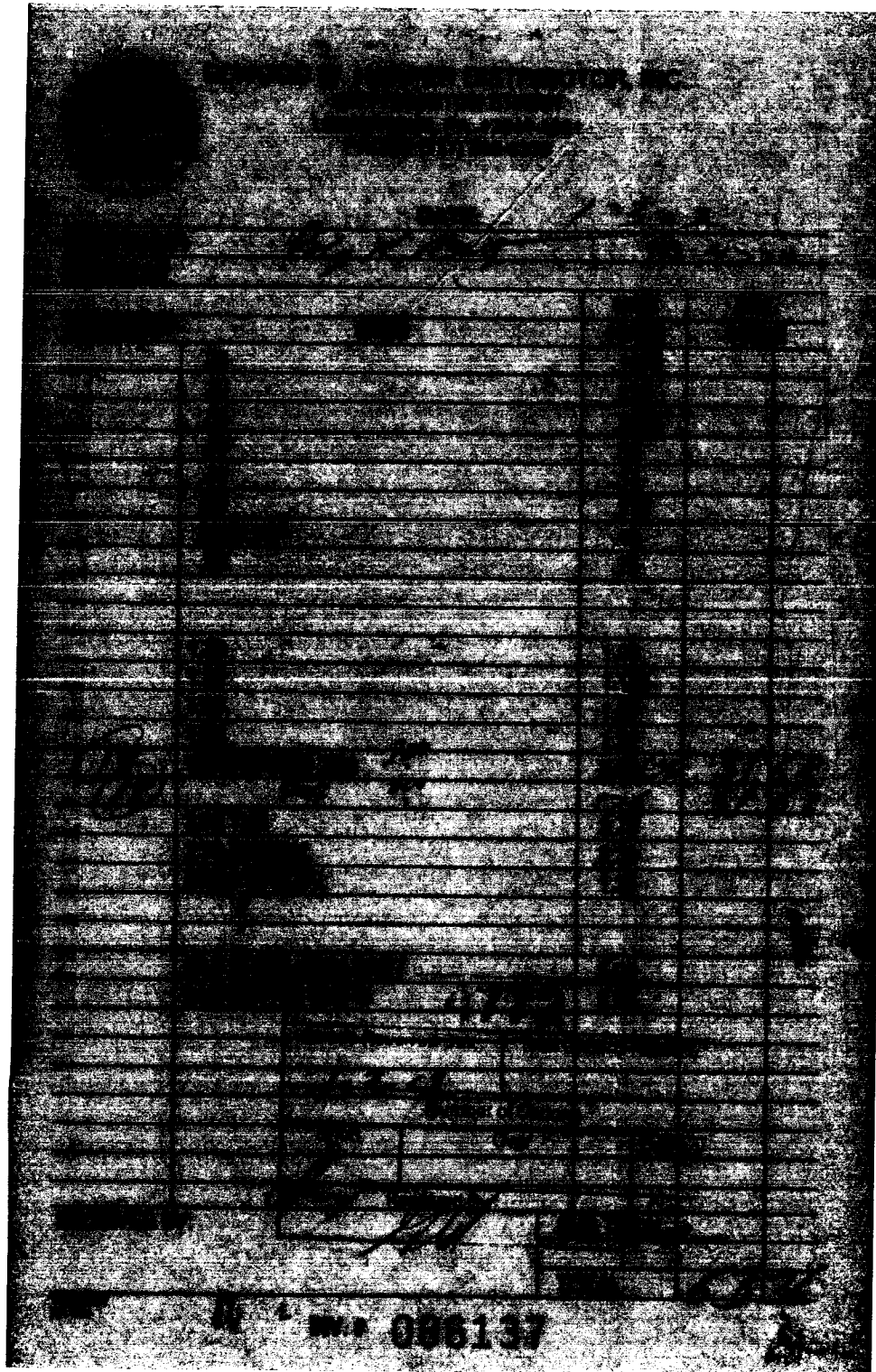
The image is a severely degraded scan of a document page. It features a grid-like structure with multiple rows and columns, though the content is almost entirely lost to noise and high contrast. At the bottom center, there is a faint, illegible stamp or text that appears to read "102880".











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