

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

**PROOF OF CLAIM
Chapter 11**

In Re Kmart Corporation, et al.

**Case Numbers 02-02462 through
02-02499**

Your claim is scheduled as follows:

Name of Debtor: (see attached for complete list of debtors)

Case Number:

Class
UNSECURED NON PRIORITY

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):

- 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.

Amount
CONTINGENT, DISPUTED,
UNLIQUIDATED

MCDONALD, LLOYD
C/O BITONTI & MIGNOGNA
523 HADDON AVE
COLLINGSWOOD, NJ 08108

11 2431166

10099822

This Space is for Court Use
Only

If address differs from above, please complete the following:

Creditor Name:

Telephone: #

Address:

City/ST/Zip:

Account or other number by which creditor identifies debtor:

Check here if replaces 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 #: _____
Unpaid compensation for services performed
from _____ to _____
(date) (date)

2. Date debt was incurred:

12/20/99

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ UNLIQUIDATED PERSONAL INJURY

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)(_____).

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.

RECEIVED
This Form Use Only
**TRUMBULL SERVICES
COMPANY**

APR 09 2002

BANKRUPTCY

Date: 4/4/02

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):

ROBERT C. BECK, JR., ESQ.

04/09/02
1941 OF

LAW OFFICES
BITONTI & MIGNOGNA

A PROFESSIONAL CORPORATION
523 HADDON AVENUE
COLLINGSWOOD, NEW JERSEY 08108

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ROBERT C. BECK, JR.*

ROBERT E. DUNLEAVY, JR.
OF COUNSEL

*MEMBER NJ AND PA BAR

April 5, 2002

K-Mart Corporation, et al
c/o Trumbull Services, LLC
P.O Box 426
Windsor, CT 06095

RE: Debtor: K-Mart Corporation
Creditor (Our Client): Lloyd McDonald
D/A: December 20, 1999
Case Nos. 02-02462 through 02-02499
Our File No.: 99-3261RCB

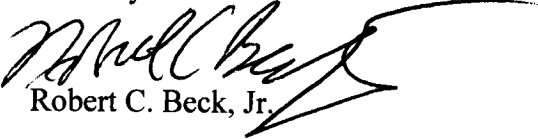
Dear Sir/Madam:

Please be advised that this office represents the above-referenced creditor, Lloyd McDonald, in regard the above referenced matter. Enclosed herein please find the Proof of Claim in regard to the Chapter 11 bankruptcy of K-Mart Corporation. Would you kindly file this Proof of Claim and return a marked filed copy to my attention in this self-addressed stamped envelope.

Thank you for your attention in this matter.

Very truly yours,

BITONTI & MIGNOGNA, ESQUIRES
A Professional Corporation
Attorneys at Law


Robert C. Beck, Jr.

RCB/jl

Enc.

Mailed Regular & Certified Mail