

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.

Amount

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.

\$8,639.56

11 2330109

NORTH AMERICAN PRECIS SYNDICATE INC
350 FIFTH AVE STE 6500 EMPIRE
NEW YORK, NY 10118

If address differs from above, please complete the following:

Creditor Name:

Telephone: #

Address:

City/ST/Zip:

10561689

This Space is for Court Use Only

Account or other number by which creditor identifies debtor:

Check here if this claim replaces or 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:

12/31/01

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$8639.56

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
TRUSTEE'S SPACE IS FOR COURT USE ONLY
BANKRUPTCY

APR -9 AM 10:48

AT 2113

4/9/02

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):

Barbara P. Wunsford, Attorney. Barbara P. Wunsford

North American Precis Syndicate, Inc.  
 Empire State Building  
 350 Fifth Avenue, Suite 6500  
 New York, NY 10118

**INVOICE**  
 D U P L I C A T E

131487

**BILL TO:** BlueLight.Com  
 Abigail Jacobs  
 195 Jefferson, Suite-100  
 San Francisco, CA 94133  
 (415) 229-9769

**SHIP TO:** BlueLight.Com  
 Abigail Jacobs  
 195 Jefferson, Suite-100  
 San Francisco, CA 94133  
 (415) 229-9769

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CUST NO.	SALESMAN NO.	P. O. NUMBER	SHIPPING INSTRUCTIONS	COL	PPD	SHIP DATE	TERMS	INVOICE DATE
BLCOHRKA	KA					12/31/01	Net 10	12/31/01

QUANTITY ORDERED	QUANTITY SHIPPED	QUAN. B.O.	ITEM NUMBER	DESCRIPTION	UNIT PRICE	DISC %	EXTENDED PRICE
2	2			2-Column Release	5150.00		10300.00
-1	-1			Discount	1700.00		-1700.00

ORIGINAL COPY

<b>SALE AMOUNT</b>	8600.00
<b>0.460% TAX</b>	39.56
<b>FREIGHT</b>	
<b>INVOICE TOTAL</b>	8639.56