

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
Name of Debtor: (see attached for complete list of debtors)		Case Number:
<p>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.</p>		<p>Your claim is scheduled as follows:</p> <p>Class UNSECURED NON PRIORITY</p> <p>Amount \$261.94</p>
<p>Name of Creditor (The person or other entity to whom the debtor owes money or property):</p> <p style="text-align: right;">11 2423365</p> <p>JACKSONVILLE FIRE & SAFETY P O BOX 3237 JACKSONVILLE, FL 32206</p>		<p><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.</p> <p><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.</p> <p><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.</p>
<p>If address differs from above, please complete the following:</p> <p>Creditor Name: _____ Telephone: # _____</p> <p>Address: _____</p> <p>City/St/Zip: _____</p>		<p>10579933</p> <p>This Space is for Court Use Only</p>
<p>Account or other number by which creditor identifies debtor: _____</p>		<p>Check here if <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____</p>
<p>1. Basis for Claim</p> <p><input checked="" type="checkbox"/> Goods sold</p> <p><input checked="" type="checkbox"/> Services performed</p> <p><input type="checkbox"/> Money loaned</p> <p><input type="checkbox"/> Personal injury/wrongful death</p> <p><input type="checkbox"/> Taxes</p> <p><input type="checkbox"/> Other _____</p>		<p><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a)</p> <p><input type="checkbox"/> Wages, salaries, and compensation (fill out below)</p> <p>Your SS #: _____</p> <p>Unpaid compensation for services performed from _____ to _____</p> <p style="text-align: center;">(date) (date)</p>
<p>2. Date debt was incurred: 1-7-2002</p>		<p>3. If court judgment, date obtained:</p>
<p>4. Total Amount of Claim at Time Case Filed: \$ 261.94</p> <p>If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.</p> <p><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.</p>		
<p>5. Secured Claim.</p> <p><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).</p> <p>Brief Description of Collateral:</p> <p><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle</p> <p><input type="checkbox"/> Other _____</p> <p>Value of Collateral: \$ _____</p> <p>Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____</p>		<p>6. Unsecured Priority Claim.</p> <p><input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim.</p> <p>Amount entitled to priority \$ 261.94</p> <p>Specify the priority of the claim:</p> <p><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).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4).</p> <p><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).</p> <p><input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_____).</p>
<p>7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.</p> <p>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.</p> <p>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.</p>		<p>RECEIVED RUMBLE SPACE IS FOR COURT USE ONLY BANKRUPTCY COURT APR -9 PM 2:29</p>
<p>Date</p> <p>4-4-02</p>	<p>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):</p> <p style="text-align: center;"><i>E.T. Boatright</i> - G.E.O. - E.T. BOATRIGHT</p>	
<p>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.</p>		

2173
4-9-02



**Jacksonville Fire & Safety
Equipment Company, Inc.**

P.O. Box 3237 • Telephone 904/356-1672
Jacksonville, Florida 32206

INVOICE

JACKSONVILLE, FLORIDA 32206

INVOICE NUMBER: **12918**

INVOICE DATE: **1/7/02**

PAGE: **1**

SOLD TO
K-Mart
3790 S 3 rd St
Jacksonville, FL 32250

Ship To:

CUSTOMER ID	CUSTOMER PO	PAYMENT TERMS	
K-Mart-3rd St		Net Due	
SALES REP ID	SHIPPING METHOD	SHIP DATE	DUE DATE
Olson, Richard N.	Hand Delvry	1/7/02	1/7/02

QUANTITY	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENSION
1.00	SERVICE	SERVICE	25.00	25.00
1.00	Environmental Fee	Environmental Fee	3.00	3.00
20.00	1YRMAINT	ONE YEAR MAINTENANCE	3.00	60.00
2.00	B5M	5 lb ABC	36.90	73.80
1.00	HYDRO TEST & RECH	9 lb Halon	66.00	66.00
1.00	VALVE STEM	Valve Stem	8.00	8.00
1.00	ORING	Oring	3.00	3.00
2.00	1YRMAINT	ONE YEAR MAINTENANCE	3.00	6.00

Subtotal	244.80
Sales Tax	17.14
Freight	
Total Invoice Amount	Subtotal \$261.94
Payment Received	Sales Tax \$ 0.00
Check No.	TOTAL \$261.94

DEALER LICENSE 078736002085 DEALER LICENSE 056315000178

We will add finance charges on invoices more than 30 days overdue.

Big K MART
3790 So 3rd St
Jax Bch FL 32250
PHONE #: 904-246-3467

JOB SITE: _____

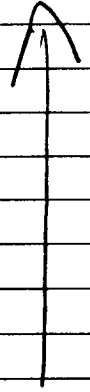
ANNUAL

SALESMAN NO. Rich F.O.B. SHIP VIA: DATE 1/07/02
P.O. NO. JOB NO. ORDERED BY: STEVE

QUANTITY	PART NO.	DESCRIPTION	UNIT PRICE	EXTENDED
1		SERVICE CHARGE	25.00	25.00
1		ENVIRONMENTAL FEE	3.00	3.00
20		ANNUAL INSP + CERT OF EXT'S	3.00	60.00
2	B5M	NEW 5# ABC EXT'S (TO REPLACE 2 EXT'S BEYOND ECONOMICAL REPAIR)	36.90	73.80
1		9# HALON HYDRO TEST / RECH + TRANSFER OF 1211	66.00	66.00
1		VALVE STEM ASSY	8.00	8.00
1		NECK O RING	3.00	3.00
2		ADDITIONAL INSP + CERT OF EXT'S	3.00	6.00

AMENDED

SUBTOTAL	244.80
TAX	17.14
TOTAL	261.94



INVOICE TO FOLLOW

ATTORNEY'S FEES AND COSTS. If Jacksonville Fire & Safety Equipment Company, Inc. (JFS) engages the services of an attorney for the collection of monies due hereunder, the undersigned customer agrees to pay JFS reasonable attorney's fee and costs incurred in the collection of said monies. The undersigned customer agrees to pay reasonable attorney's fee and costs to JFS for any legal action, including appeals taken on behalf of JFS relating to any issue involving non-payment of any amount due under this contract, or any issue involving a discrepancy as to the amount of payment to JFS or agreed upon or received by JFS should JFS be the prevailing party in said action.
DEALER LICENSES 078736002885, 056315000178

[Signature]
Authorized Signature of Acceptance

1/07/02
Date

Subtotal \$ ~~288.80~~
Sales Tax \$ ~~14.72~~
Freight \$ _____
Total \$ ~~255.52~~ PD
 BILL
 CASH / CHECK
 C.O.D.
 OTHER