

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 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

CONTINGENT,
UNLIQUIDATED

Name of Creditor (The person or other entity to whom the debtor owes money or property)

11 3338070

HAMILTON COUNTY TREASURER
COUNTY ADMINISTRATION BUILDING
P O BOX 5320
CINCINNATI, OH 45201-5320

- 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

10107955

If address differs from above, please complete the following:

Creditor Name

Telephone #

This Space is for Court Use Only

Address

City/St/Zip

Account or other number by which creditor identifies debtor

10022463

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 Personal Property
- 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:

Jan 01 - Dec 01

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ Will be based on Tax Form 945 to be filed 8/02

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 \$ will be determined by 945
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

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RECEIVED
TRUMBULL SERVICES
COMPANY

APR 9 2002

4/9/02

BANKRUPTCY

2199

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)

Nancy LeCompte
Director, Delinquent Personal Property

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