FORM B10 (Official Form 10) 4002666

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:

Your claim is scheduled as follows

Class

UNSECURED NON PRIORITY

Amount

$4,259 72

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)

11 2403994

B E EQUIPMENT INC
SANDY, ACCOUNTS PAYABLE
P O BOX 139
QUAKERTOWN, PA 18951

☐ 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

If address differs from above, please complete the following:
Creditor Name

Address

City/St/Zip

Telephone # 215 536 0700 (X65)

10574979

This Space is for Court Use Only

Account or other number by which creditor identifies debtor

Check here if this claim ☐ 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 _____ (date) to _____ (date)

2. Date debt was incurred: 12/14/01

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 4259.72
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

This Space is for Court Use Only

RECEIVED
TRUMBULL SERVICES COMPANY
APR - 9 2002
4/9/02
BANKRUPTCY
2205

Date
4/3/02

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)
Scott Davis, President Scott Davis, Pres.

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

B E EQUIPMENT, INC.

1775 Wentz Road
P.O. Box 139
Quakertown, PA 18951
Phone (215) 536-0700
Fax (215) 536-2999

INVOICE

SOLD TO

K-MART DISTRIBUTION CENTER
ONE KRESGE ROAD
PENN WARNER PARK
FAIRLESS HILLS PA

19030
ACCTS PAYABLE

SHIPPED TO Customer ID 101155

K-MART DISTRIBUTION CENTER
ONE KRESGE ROAD
PENN WARNER PARK
FAIRLESS HILLS PA

19030

Date	Date Shipped	Shipped Via	Your order no.	F.O.B.	Terms	Invoice no.
12/14/01	12/06/2001	OUR TRUCK	M0831	QUAKERTOWN	DUE	13035

Quantity		Description	Price	Amount
8.00	403	BALER SERVICE: 12/6/2001 PER ATTACHED WORKSHEET REGULAR HOURS	65.00	520.00
0.75	403	BALER SERVICE: 12/6/2001 PER ATTACHED WORKSHEET OVERTIME	97.50	73.13
8.00	403	BALER/COMPACTOR SERVICE: 12/6 PER ATTACHED WORKSHEET REGULAR HOURS	65.00	520.00
0.75	403	BALER/COMPACTOR SERVICE: 12/6 PER ATTACHED WORKSHEET OVERTIME	97.50	73.13

NOTICE: Invoices unpaid after time allowed by our terms or 30 days after invoice date (whichever is longest time) will be assessed a service charge of 1.5% per month, equals 18% annually

continued . . .

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12/14/01	12/06/2001	OUR TRUCK	M0831	QUAKERTOWN	DUE	13035

Quantity		Description	Price	Amount
7.25	403	BALER SERVICE: 12/7/2001 PER ATTACHED WORKSHEET TWO MAN MECHANICAL TEAM REGULAR HOURS	126.00	913.50
2.00	403	BALER SERVICE: 12/7/2001 PER ATTACHED WORKSHEET TWO MAN MECHANICAL TEAM OVERTIME	189.00	378.00
3.50	404	SHOP WORK	45.00	157.50
3.00	403	BALER SERVICE: 12/11/2001 PER ATTACHED WORKSHEET	55.00	165.00

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continued . . .

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Customer ID 101155

Date	Date Shipped	Shipped Via	Your order no.	F.O.B.	Terms	Invoice no.
12/14/01	12/06/2001	OUR TRUCK	M0831	QUAKERTOWN	DUE	13035

Quantity		Description	Price	Amount
1.00	407	PARTS WITH SERVICE: PER ATTACHED WORKSHEET	1,190.34	1,190.34
1.00	430	MISC VAN CHARGE	28.00	28.00

C&M 3430, INTERNATIONAL 1296, AND ACCURATE COMPACTOR
EQUIP SVC. PARTS. SVC#120501B M0831

THANK YOU

AMEX - MASTERCARD - VISA ACCEPTED

SUBTOTAL	$4,018.60
TAX	$241.12
PAYMENT	$0.00
PAY THIS AMOUNT:	$4,259.72

NOTICE. Invoices unpaid after time allowed by our terms or 30 days after invoice date (whichever is longest time) will be assessed a service charge of 1.5% per month, equals 18% annually

LABOR AND TRAVEL TIME ARE INVOICED PORTAL-TO-PORTAL MINIMUM SERVICE CHARGE—ONE HOUR

SERVICE ORDER

BE EQUIPMENT, INC. 1775 Wentz Road, P.O. Box 139, Quakertown, PA 18951 • 215/536-0700 FAX 215/536-2999

DATE 12/11/01 SERVICE/JOB#: 120501B

COMPANY NAME: K-Mart Dist Ctr.

ADDRESS: 1 Kresge Rd B E EQUIP. #:

Feasdesh.lls PA TYPE EQUIP. Compactor.

TELEPHONE NO MODEL NO..

CONTACT Kevin S/N:

DESCRIPTION OF PROBLEM: Install Autoeye w/Delay.

WORK PERFORMED: Got to Job site and Looked over. Locked out MAIN Power. Removed old Electric Eye and Mounted new Eye. Hooked the new Eye Electricly. Turned Power Back on and Adjusted The Eye & set Delay to 8sec. Tighted everything back up and Tested. OK

PARTS USED	COST
1-Elec Eye RPT310	532 50
1-Mount. P875	23 00
TOTAL	$

ADDITIONAL WORK/PARTS REQUIRED:

LABOR HOURS:

TIME STARTED: 7:30 AM TIME COMPLETED: 10:30 AM DATE: 12/11/01

MILEAGE: MECHANIC: J. DAWSON CUSTOMER:

Printed on Recycled Paper

LABOR AND TRAVEL TIME ARE INVOICED PORTAL-TO-PORTAL MINIMUM SERVICE CHARGE—ONE HOUR

SERVICE ORDER

BE EQUIPMENT, INC. 1775 Wentz Road, P.O. Box 139, Quakertown, PA 18951 • 215/536-0700 FAX 215/536-2999

DATE 12-07-01 SERVICE/JOB# 120501B

COMPANY NAME: K mart Dist ctr

ADDRESS. 1 Kresge rd Fairless hills Pa

B E EQUIP. #:

TYPE EQUIP. C&M

TELEPHONE NO

MODEL NO

CONTACT Kevin

S/N

DESCRIPTION OF PROBLEM:

WORK PERFORMED: C&M door latch apart & re fabbed @ shop. Fabbed reflector enclosure for compactor. Drove to job site. Installed door latch & Cylinder. test ran unit OK. Installed reflector on compactor unit now starts w/ photo eye.

A-B- Photo eye has no delay Control, recomend installing Auto tron eye w/ Delay

PARTS USED	COST
Welder	45 00
Cutting outfit	
1 Pc 14"x5"x1" Plate	15 00
1 Pc 5"x4" Channel	7 00
1 C&M Door cyl	458 40
Assy-	
2- ½" O ring	6 00
6 adaptors	
SVC Van	
1 reflector	12 00
10 Gal hyd oil	75 00
1 Door fittings	12.44
TOTAL	$

ADDITIONAL WORK/PARTS REQUIRED:

LABOR HOURS:

TIME STARTED: 5:30 Am TIME COMPLETED: 2:45 PM DATE:

MILEAGE: MECHANIC: Jim K & Jim D CUSTOMER:

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LABOR AND TRAVEL TIME ARE INVOICED PORTAL-TO-PORTAL MINIMUM SERVICE CHARGE—ONE HOUR

SERVICE ORDER

BE EQUIPMENT, INC. 1775 Wentz Road, P.O. Box 139, Quakertown, PA 18951 • 215/536-0700 FAX 215/536-2999

DATE 12-6-01 SERVICE/JOB# 120501B

COMPANY NAME K mart Dist Ctr

ADDRESS 1 Kreegerd B E EQUIP #

Fauders Hills Pa TYPE EQUIP Accurate

TELEPHONE NO 215-736-8200 MODEL NO Compactor

CONTACT Kevin S/N

DESCRIPTION OF PROBLEM: Oil leak

WORK PERFORMED:

Found unit leaking @ nose -
Cleaned inside of ram
& pulled pin.
Tightend Collar & re pinned
ram
~~leaks nose~~
Dripping has stopped, but
rod has film of oil on
O-D when extending

recomend replacing nose seal -
in near future

PARTS USED

SVC Kit

COST

TOTAL $

ADDITIONAL WORK/PARTS REQUIRED: Install reflector & enclosure to protect reflector, use 1/c of 4"x 1/8"x 4" channel

LABOR HOURS:

TIME STARTED: 6:45 AM TIME COMPLETED: 3:30 PM DATE:

MILEAGE: MECHANIC: Jon K CUSTOMER:

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LABOR AND TRAVEL TIME ARE INVOICED PORTAL-TO-PORTAL MINIMUM SERVICE CHARGE—ONE HOUR

SERVICE ORDER

BE EQUIPMENT, INC. 1775 Wentz Road, P.O. Box 139, Quakertown, PA 18951 • 215/536-0700 FAX 215/536-2999

DATE 12-6-01 SERVICE/JOB# -120501B-

COMPANY NAME Kmart dist ctr

ADDRESS 1 Kresge rd
Fowlers hills Pa

B E EQUIP # 1

TYPE EQUIP Intl

TELEPHONE NO 215-736-8200

MODEL NO 1296

CONTACT Kevin

S/N. 0694047

DESCRIPTION OF PROBLEM: Oil leaks

WORK PERFORMED:
found several leaks @ main valve block -
Dis assembled misc valves & flange fittings & replaced O-rings
Re assembled & test ran
NO leaks

PARTS USED	COST
SVC Van	
14 O Rings	4.00
TOTAL	$

ADDITIONAL WORK/PARTS REQUIRED:

LABOR HOURS:

TIME STARTED: 6:45 AM TIME COMPLETED: 3:30 Pm. DATE:

MILEAGE: MECHANIC: Jim K. CUSTOMER:

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LABOR AND TRAVEL TIME ARE INVOICED PORTAL-TO-PORTAL MINIMUM SERVICE CHARGE—ONE HOUR

SERVICE ORDER

BE EQUIPMENT, INC. 1775 Wentz Road, P.O. Box 139, Quakertown, PA 18951 • 215/536-0700 FAX 215/536-2999

DATE 12-6-01 SERVICE/JOB# 120501B

COMPANY NAME. K Mart Distctr

ADDRESS 1 Kresge rd B E EQUIP #:

Fowlers Hills Pa TYPE EQUIP: C&M

TELEPHONE NO 215-736-5200 MODEL NO 3430

CONTACT Kevin S/N

DESCRIPTION OF PROBLEM: Broken door

WORK PERFORMED: Found Door Cylinder rod broken, threads broken on side clevis. Door latch torn & bent. Removed door cylinder. Propped out latch hydge pin & removed door latch. Inspected trailer, found 2"x2" support angles on back side of pin are torn & bent. Ram pin is walking to right side of clevis, if cotter pin shears, pin will fall out, causing rod to drop & become damaged

PARTS USED: SK Van

WILL NEED PORTABLE WELDER

COST

TOTAL $

ADDITIONAL WORK/PARTS REQUIRED: LOCKED OUT UNIT & RETURNED TO SHOP TO P/U PARTS & RE BUILD LATCH

LABOR HOURS:

TIME STARTED: 6:45 AM TIME COMPLETED: 3:30 PM DATE:

MILEAGE: MECHANIC: Jim K. CUSTOMER:

Printed on Recycled Paper