

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).  
  
RENO PAINT MART INC  
VICTOR  
201 EAST MOANA LANE  
RENO, NV 89502  
  
11 2286778

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.

\$1,103.27

If address differs from above, please complete the following:  
Creditor Name  
  
Address  
  
City/St/Zip

Telephone #

10571158

This Space is for Court Use Only

Account or other number by which creditor identifies debtor

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  
 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:  
*1-15-02 through 1-17-02*

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 1103.27  
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**  
*2341* p.o.

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)  
*[Signature]* Credit Manager

ACCOUNTS RECEIVABLE AGED INVOICE REPORT

ALL OPEN INVOICES - AGED AS OF. 04/03/02

CUSTOMER/ INV DATE	INVOICE NO	INVOICE DUE DATE	DISCOUNT DUE DATE	DISCOUNT AMOUNT	BALANCE	CURRENT	30 DAYS	60 DAYS	90 DAYS	999 DAYS	DAYS DELQ
0011052	K-MART DISTRIBUTION CENTER			CONTACT	K-MART DISTRIBUTION CENTE			PHONE ( ) 359-2610	EXT 202	CR LMT	00
01/15/02	0555363	- IN	02/15/02	00	682 22			682 22			47
01/15/02	0555364	- CM		00	81 08-			81 08-			
01/16/02	0555433	- IN	02/16/02	00	352 62			352 62			46
01/17/02	0555525	- IN	02/17/02	00	149 51			149 51			45
CUSTOMER 0011052 TOTALS				00	1,103 27	00	00	1,103 27	00	00	
REPORT TOTALS				00	1,103 27	00	00	1,103 27	00	00	
NUMBER OF CUSTOMERS				1							



# Reno Paint Mart

PAINTS • PAINTERS' SUPPLIES • SUNDRIES • WALLPAPER  
201 E. MOANA LANE • RENO, NEVADA 89502  
(775) 826-2900 • FAX (775) 826-2927  
Toll Free (888) 281-2797

INVOICE NO  
TICKET NO  
CUSTOMER NO. 115199  
TERMINAL NO. 0  
PAGE NUMBER 11052  
05

BILL TO:

K-MART DISTRIBUTION CENTER  
1400 SOUTH MC CARREN  
SPARKS, NV 89431  
359 2610

SHIP TO:

K-MART DISTRIBUTION CENTER  
1400 SOUTH MC CARREN  
SPARKS, NV 89431  
359 2610

ORDER DATE:	REFERENCE NO:	SALESMAN:
SHIP DATE:	TERMS:	SHIP VIA:
RESALE NO 01/17/02		DAN
01/17/02	NET 30	

PART NUMBER	DESCRIPTION	QTY ORDER	QTY SHIP	REGULAR PRICE	UNIT PRICE	U/M	PRICE EXTENSION
BM3100101	BM AQUAPEARL WHITE P.O. MAINT 3220	GL 5	5	30.97	27.88	EA T	139.40
						SUB-TOTAL	139.40
						TAX 7.25%	10.11
						PURCHASE TOTAL	149.51
						CHARGE	149.51

YOUR FINANCE CHARGE IS COMPUTED BY A PERIODIC RATE OF 2% PER MONTH APPLIED TO BALANCES 30 DAYS AND OLDER WHICH IS AN ANNUAL PERCENTAGE RATE OF 24%. TO AVOID ADDITIONAL FINANCE CHARGES, PAY THE NEW BALANCE ON YOUR STATEMENT BEFORE THE 10<sup>TH</sup> DAY OF THE MONTH FOLLOWING THE MONTH OF PURCHASE

THANK YOU FOR YOUR BUSINESS



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 201 E. MOANA LANE • RENO, NEVADA 89502  
 (775) 826-2900 • FAX (775) 826-2927  
 Toll Free (888) 281-2797

INVOICE NO 114977  
 TICKET NO. 20263  
 CUSTOMER NO 11052  
 TERMINAL NO. 02  
 PAGE NUMBER 1

BILL TO:

K-MART DISTRIBUTION CENTER  
 1400 SOUTH MC. CARREN  
 SPARKS, NV 89431  
 -359-2610

SHIP TO:

K-MART DISTRIBUTION CENTER  
 1400 SOUTH MC. CARREN  
 SPARKS, NV 89431  
 -359-2610

ORDER DATE: 01/15/02 REFERENCE NO.: SALESMAN: STEVE  
 SHIP DATE: 01/16/02 TERMS: NET 30 SHIP VIA:  
 RESALE NO:

PART NUMBER	DESCRIPTION	QTY ORDER	QTY SHIP	REGULAR PRICE	UNIT PRICE	U/M	PRICE EXTENSION
BMM581005	SAFETY & ZONE LATEX YELLO	2	2	79.86	71.87	EA T	143.74
PET-15	TRAY LINER PLASTIC 6"	10	10	.82	.74	EA T	7.40
07050300	ROL/COVER 3" X 1/2"	12	12	1.35	1.29	EA T	15.48

PO # 32176

BM4230001	BM STAYS CLEAR L-LUST. GL	4	4	40.90	36.70	EA T	146.80
1500-2"	CHIP BRUSH 2"	24	24	.75	.64	EA T	15.36

SUB-TOTAL 328.78  
 TAX 7.25% 23.84  
 PURCHASE TOTAL 352.62  
 CHARGE 352.62

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THANK YOU FOR YOUR BUSINESS



