

<b>UNITED STATES BANKRUPTCY COURT</b> <b>NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION</b>		<b>PROOF OF CLAIM</b> <b>Chapter 11</b>
<b>In Re Kmart Corporation, et al</b>	<b>Case Numbers 02-02462 through 02-02499</b>	<b>Your claim is scheduled as follows:</b>
<b>Name of Debtor:</b> (see attached for complete list of debtors) <u>Kmart Corporation</u>	<b>Case Number:</b> <u>02-02474</u>	<b>Class</b> <p style="text-align: center;">NOT SCHEDULED</p>
<small>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.</small>		<b>Amount</b> <p style="text-align: center;">NOT SCHEDULED</p>
<b>Name of Creditor</b> (The person or other entity to whom the debtor owes money or property):  <div style="text-align: right; margin-right: 50px;">08 2404907</div> <div style="text-align: right;"> <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.  <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.         </div>	<div style="text-align: right; margin-right: 50px;">10711273</div> <div style="text-align: right;">           This Space is for Court Use Only         </div>	
<b>If address differs from above, please complete the following:</b> <b>Creditor Name:</b> _____ <b>Address:</b> _____ <b>City/St/Zip:</b> _____		<b>Telephone: #</b> <u>313-584-7450</u>
<b>Account or other number by which creditor identifies debtor:</b> _____	<b>Check here if</b> <input type="checkbox"/> replaces <input type="checkbox"/> amends <b>a previously filed claim, dated</b> _____ <b>this claim</b>	
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from <u>10-1-00</u> to <u>1-1-01</u> <div style="display: flex; justify-content: space-between; width: 100%;"> <span>(date)</span> <span>(date)</span> </div>		
<b>2. Date debt was incurred:</b> <u>10-14-2000</u>		<b>3. If court judgment, date obtained:</b> _____
<b>4. Total Amount of Claim at Time Case Filed:</b> <u>\$ 12,080</u> <small>If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.</small> <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.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). <b>Brief Description of Collateral:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  <b>Value of Collateral:</b> \$ _____  <b>Amount of arrearage and other charges at time case filed included in secured claim, if any:</b> \$ _____	<b>6. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4). <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). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).	
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only
<b>8. Supporting Documents:</b> 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.		<b>RECEIVED</b> <b>TRUMBULL SERVICES</b> <b>COMPANY</b>  <b>APR 09 2002</b>  <b>BANKRUPTCY</b> <u>#2346 49-02</u>
<b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
<b>Date</b> <u>4-3-02</u>	<b>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):</b> <div style="text-align: center;">             _____         </div>	
<small>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.</small>		

# ***Aerodynamics Inspecting Company***

6325 Chase Road  
Dearborn, Michigan 48126  
Phone (313) 584-7450 • Fax (313) 584-4690

## **Invoice**

Invoice #

1003

Bill To

K-Mart  
1179 32nd Street  
Port Huron, MI 48060

Date 1/1/2001

P.O. No.

Job Number

Terms Due Upon Receipt

SUBJECT BLDG: Chillicothe, OH

LOCATION:

Description	Amount
extensive heating & cooling	
photo documentation and field report	2,400.00

**THE TOTAL CHARGE FOR OUR SERVICES:**

**\$2,400.00**

CONTRACT AMOUNT:

AMT BILLED TO DATE:

PROGRESS INVOICE:

BALANCE:

It's been a pleasure working with you!!

# ***Aerodynamics Inspecting Company***

6325 Chase Road  
Dearborn, Michigan 48126  
Phone (313) 584-7450 • Fax (313) 584-4690

## **Invoice**

Invoice #

1002

Bill To

K-Mart  
1179 32nd Street  
Port Huron, MI 48060

Date 1/1/2001

P.O. No.

Job Number

Terms Due Upon Receipt

SUBJECT BLDG: Medina, Ohio

LOCATION:

Description	Amount
extensive heating & cooling service inspection	2,400.00
photo documentation	
field report	

**THE TOTAL CHARGE FOR OUR SERVICES:**

**\$2,400.00**

CONTRACT AMOUNT:

AMT BILLED TO DATE:

PROGRESS INVOICE:

BALANCE:

It's been a pleasure working with you!!

# ***Aerodynamics Inspecting Company***

6325 Chase Road  
Dearborn, Michigan 48126  
Phone (313) 584-7450 • Fax (313) 584-4690

## **Invoice**

Invoice #

1001

Bill To

K-Mart  
1179 32nd Street  
Port Huron, MI 48060

Date 1/1/2001

P.O. No.

Job Number

Terms Due Upon Receipt

SUBJECT BLDG: Mercury Drive

LOCATION:

Description	Amount
Extensive heating and cooling service inspection	2,400.00
Photo documentation	
field report	

**THE TOTAL CHARGE FOR OUR SERVICES:**

**\$2,400.00**

CONTRACT AMOUNT:

AMT BILLED TO DATE:

PROGRESS INVOICE:

BALANCE:

It's been a pleasure working with you!!

# ***Aerodynamics Inspecting Company***

6325 Chase Road  
Dearborn, Michigan 48126  
Phone (313) 584-7450 • Fax (313) 584-4690

## **Invoice**

Invoice #

Q1003

Bill To

K-Mart  
1179 32nd Street  
Port Huron, MI 48060

Date 10/17/2000

P.O. No.

Job Number

Terms Due Upon Receipt

SUBJECT BLDG: Port Huron

LOCATION:

Description	Amount
Extensive heating & Cooling inspection photo documentation field report service diffuser recondition report	3,200.00

**THE TOTAL CHARGE FOR OUR SERVICES:**

**\$3,200.00**

CONTRACT AMOUNT:

AMT BILLED TO DATE:

PROGRESS INVOICE:

BALANCE:

# ***Aerodynamics Inspecting Company***

6325 Chase Road  
Dearborn, Michigan 48126  
Phone (313) 584-7450 • Fax (313) 584-4690

## **Invoice**

Invoice #

Q1002

Bill To

K-Mart  
1179 32nd Street  
Port Huron, MI 48060

Date 10/14/2000

P.O. No.

Job Number

Terms Due Upon Receipt

SUBJECT BLDG: Taylor

LOCATION:

Description	Amount
Request for recertification in specified area saturday service request	1,680.00
2 Technicaicans @ 8 hrs.	

**THE TOTAL CHARGE FOR OUR SERVICES:**

**\$1,680.00**

CONTRACT AMOUNT:

AMT BILLED TO DATE:

PROGRESS INVOICE:

BALANCE: