

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

NOT SCHEDULED

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

NOT SCHEDULED

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

08 2417689

FIRST CHOICE
ACCOUNTS RECEIVABLE
2423 VERNA COURT
SAN LEANDRO, CA 94577

- 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.

10721682

This Space is for Court Use
Only

If address differs from above, please complete the following:

Creditor Name:

Telephone: #

Address:

City/St/Zip:

Account or other number by which creditor identifies debtor:

C204318

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:

8/31/01 - 01/04/02

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 48360

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 \$ 48360

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 09 2002

BANKRUPTCY

#2378 4-09-02

Date 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):

4-4-02

F. LABATE

firstCHOICE
PLEASE PAY FROM
THIS INVOICE !!
INVOICE NO: 001708
SALES INVOICE

Route 009 OAK - NINO DULAY

Bill To
Account: C204318
BLUELIGHT.COM
DEPARTMENT 101
145 JEFFERSON ST STE 100
SAN FRANCISCO CA 94133

Shipped To
Account: C204318
BLUELIGHT.COM
145 JEFFERSON ST. 3RD FL.
MAIN KITCHEN
SAN FRANCISCO CA 94133

Phone: (415)-277-0100

QTY	DESCRIPTION	UNIT PRICE	P	TOTAL \$
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THE PRINT NETWORK (310) 543-3544

4	PEET'S HOUSE GRND 1LB 018203	11.100		44.40
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4	PEET'S M. DICKASON GRND 1LB 018209	13.800		55.20
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Product Total				\$ 99.60
TOTAL DUE				\$ 99.60

THANK YOU

X _____
Received by

Remit to:
firstCHOICE
2423 Verna Court
San Leandro, CA 94577
(510) 346-8500

Please remit stub below with payment
** TERMS NET 10 DAYS **

Account #:	C204318
Invoice #:	001708
Amount \$	99.60



firstCHOICE
PLEASE PAY FROM
THIS INVOICE !!
INVOICE NO: 009153
SALES INVOICE

Route 009 OAK - NINO DULAY

Bill To
Account: C204318
BLUELIGHT.COM
DEPARTMENT 101
145 JEFFERSON ST STE 100
SAN FRANCISCO CA 94133

Shipped To
Account: C204318
BLUELIGHT.COM
145 JEFFERSON ST. 3RD FL.
MAIN KITCHEN
SAN FRANCISCO CA 94133

Phone: (415)-277-0100

QTY	DESCRIPTION	UNIT PRICE	P	TOTAL \$
2	PEET'S HOUSE GRND 1LB 018203	11.100		22.20
2	PEET'S M. DICKASON GRND 1LB 018209	13.800		27.60
1	MINI MOO HALF & HALF 360 CT 022028	18.900		18.90
Product Total				\$ 68.70
TOTAL DUE				\$ 68.70

THE PRINT NETWORK (310) 543-3544

WE APPRECIATE YOUR BUSINESS!!

THANK YOU

X _____
Received by

Remit to:
firstCHOICE
2423 Verna Court
San Leandro, CA 94577
(510) 346-8500

Please remit stub below with payment
** TERMS NET 10 DAYS **

Account #: C204318
Invoice #: 009153
Amount \$ 68.70

firstCHOICE
PLEASE PAY FROM
THIS INVOICE !!
INVOICE NO: 011395
SALES INVOICE

Route 009 OAK - NINO DULAY

Bill To
Account: C204318
BLUELIGHT.COM
DEPARTMENT 101
145 JEFFERSON ST STE 100
SAN FRANCISCO CA 94133

Shipped To
Account: C204318
BLUELIGHT.COM
145 JEFFERSON ST. 3RD FL.
MAIN KITCHEN
SAN FRANCISCO CA 94133

Phone: (415)-277-0100

QTY	DESCRIPTION	UNIT PRICE	P	TOTAL \$
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THE PRINT NETWORK (310) 543-3544

2	PEET'S HOUSE GRND 1LB	018203	11.100	22.20
2	PEET'S M. DICKASON GRND 1LB	018209	13.800	27.60

	Product Total		\$	49.80
	TOTAL DUE		\$	49.80

WE APPRECIATE YOUR BUSINESS!!
SB/ORD P/TOM 110701

THANK YOU

X _____
Received by

Remit to:
firstCHOICE
2423 Verna Court
San Leandro, CA 94577
(510) 346-8500

Please remit stub below with payment
** TERMS NET 10 DAYS **

Account #:	C204318
Invoice #:	011395
Amount \$	49.80



firstCHOICE
PLEASE PAY FROM
THIS INVOICE !!
INVOICE NO: 012425
SALES INVOICE

Route 009 OAK - NINO DULAY

Bill To
Account: C204318
BLUELIGHT.COM
DEPARTMENT 101
145 JEFFERSON ST STE 100
SAN FRANCISCO CA 94133

Shipped To
Account: C204318
BLUELIGHT.COM
145 JEFFERSON ST. 3RD FL.
MAIN KITCHEN
SAN FRANCISCO CA 94133

Phone: (415)-277-0100

QTY	DESCRIPTION	UNIT PRICE	P	TOTAL \$
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THE PRINT NETWORK (310) 543-3544

2	PEET'S HOUSE GRND 1LB	018203	11.100	22.20
2	PEET'S M. DICKASON GRND 1LB	018209	13.800	27.60

Product Total	\$	49.80
TOTAL DUE	\$	49.80

WE APPRECIATE YOUR BUSINESS!!

THANK YOU

X _____
Received by

Remit to:
firstCHOICE
2423 Verna Court
San Leandro, CA 94577
(510) 346-8500

Please remit stub below with payment
** TERMS NET 10 DAYS **

Account #:	C204318
Invoice #:	012425
Amount \$	49.80

firstCHOICE
PLEASE PAY FROM
THIS INVOICE !!
INVOICE NO: 013747
SALES INVOICE

Route 009 OAK - NINO DULAY

Bill To
Account: C204318
BLUELIGHT.COM
DEPARTMENT 101
145 JEFFERSON ST STE 100
SAN FRANCISCO CA 94133

Shipped To
Account: C204318
BLUELIGHT.COM
145 JEFFERSON ST. 3RD FL.
MAIN KITCHEN
SAN FRANCISCO CA 94133

Phone: (415)-277-0100

QTY	DESCRIPTION	UNIT PRICE	P	TOTAL \$
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THE PRINT NETWORK (310) 543-3544

3	PEET'S HOUSE GRND 1LB 018203	11.100		33.30
3	PEET'S M. DICKASON GRND 1LB 018209	13.800		41.40

Product Total	\$	74.70
TOTAL DUE	\$	74.70

WE APPRECIATE YOUR BUSINESS!!

THANK YOU

X _____
Received by

Remit to:
firstCHOICE
2423 Verna Court
San Leandro, CA 94577
(510) 346-8500

Please remit stub below with payment
** TERMS NET 10 DAYS **

Account #:	C204318
Invoice #:	013747
Amount \$	74.70



firstCHOICE
PLEASE PAY FROM
THIS INVOICE !!
INVOICE NO: 015270
SALES INVOICE

Route 009 OAK - NINO DULAY

Bill To	Shipped To
Account: C204318	Account: C204318
BLUELIGHT.COM	BLUELIGHT.COM
DEPARTMENT 101	145 JEFFERSON ST. 3RD FL.
145 JEFFERSON ST STE 100	MAIN KITCHEN
SAN FRANCISCO CA 94133	SAN FRANCISCO CA 94133

Phone: (415)-277-0100

QTY	DESCRIPTION	UNIT PRICE	P	TOTAL \$
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THE PRINT NETWORK (310) 543-3544

1	PEET'S M. DICKASON GRND 1LB			
	018209	13.800		13.80
1	BIG I LOVE LEMON 28CT			
	031047	3.450		3.45

Product Total	\$	17.25
TOTAL DUE	\$	17.25

WE APPRECIATE YOUR BUSINESS!!

THANK YOU

X _____
Received by

Remit to:

firstCHOICE
2423 Verna Court
San Leandro, CA 94577
(510) 346-8500

Please remit stub below with payment
** TERMS NET 10 DAYS **

Account #:	C204318
Invoice #:	015270
Amount \$	17.25

firstCHOICE
PLEASE PAY FROM
THIS INVOICE !!
INVOICE NO: 089014
SALES INVOICE

Route 009 OAK - NINO DULAY

Bill To	Shipped To
Account: C204318	Account: C204318
BLUELIGHT.COM	BLUELIGHT.COM
DEPARTMENT 101	145 JEFFERSON ST. 3RD FL.
145 JEFFERSON ST STE 100	MAIN KITCHEN
SAN FRANCISCO CA 94133	SAN FRANCISCO CA 94133

Phone: (415)-277-0100

QTY	DESCRIPTION			
	ITEM #	UNIT PRICE	P	TOTAL \$

THE PRINT NETWORK (310) 543-3544

1	PEET'S HOUSE GRND 1LB			
	018203	11.100		11.10
1	PEET'S M. DICKASON GRND 1LB			
	018209	13.800		13.80

Product Total	\$	24.90
TOTAL DUE	\$	24.90

WE APPRECIATE YOUR BUSINESS!!

THANK YOU

X _____
Received by

Remit to:

firstCHOICE
2423 Verna Court
San Leandro, CA 94577
(510) 346-8500

Please remit stub below with payment
** TERMS NET 10 DAYS **

Account #:	C204318
Invoice #:	089014
Amount \$	24.90

firstCHOICE
PLEASE PAY FROM
THIS INVOICE !!
INVOICE NO: 017155
SALES INVOICE

Route 009 OAK - NINO DULAY

Bill To
Account: C204318
BLUELIGHT.COM
DEPARTMENT 101
145 JEFFERSON ST STE 100
SAN FRANCISCO CA 94133

Shipped To
Account: C204318
BLUELIGHT.COM
DEPARTMENT 101
145 JEFFERSON ST STE 100
SAN FRANCISCO CA 94133

Phone: (415)-277-0100

QTY	DESCRIPTION	UNIT PRICE	P	TOTAL \$
ITEM #				

THE PRINT NETWORK (310) 543-3544

1	QUARTERLY BILLING(JAN-FEB-MAR)	000000	.000	
1	UNDER SINK CHILLER	98.850		98.85
	CHILL			98.85
	Product Total		\$	98.85
	TOTAL DUE		\$	98.85
	EQUIPMENT BILLING			

THANK YOU

X _____
Received by

Remit to:
firstCHOICE
2423 Verna Court
San Leandro, CA 94577
(510) 346-8500

Please remit stub below with payment
** TERMS NET 10 DAYS **

Account #:	C204318
Invoice #:	017155
Amount \$	98.85