6009854

FORM B10 (Official Form 10)

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)
Kmart Corporation

Case Number: 02-02474

Your claim is scheduled as follows:

Class
NOT SCHEDULED

Amount
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.

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

13 2221593

EMC CORPORATION
CAREY CHERIVTCH, AGENT FOR CREDITOR
35 PARKWOOD DRIVE
HOPKINTON, MA 01748 2221

☐ 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: #

C-2221593

This Space is for Court Use Only

Account or other number by which creditor identifies debtor: 9741-350 24483

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: see Attached

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 25,000
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 09 2002
BANKRUPTCY
#2473 4-9-02

Date 4/5/02

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): Carey Cherivtch, D+B/RMS Agent for Creditor

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.

EMC²

EMC² Corporation
Hopkinton, MA 01748-9103
(508) 435-1000

INVOICE

CUSTOMER PURCHASE ORDER		DOCUMENT DATE	DOCUMENT NUMBER
8453		6 27 00	00428291
SALES ORDER NO.	SALES REP. NO.	TERRITORY	CONTROL NUMBER
50470201	10604		
WAYBILL NUMBER		CONTRACT NUMBER	
MTX ONLY			

ACCOUNTS PAYABLE
KMART TECHNOLOGY CTR
2240 CUNNINGHAM DR
TROY ,MI 48084

KMART CORP
3100 W BIG BEAVER RD
TROY ,MI 48084

CUSTOMER ORDER NO.	ORDER DATE		TERMS		DATE SHIPPED	SHIPPED VIA
35024483	6 23 00		NET 10 DAYS	SHIPPING POINT	6 27 00	VENDOR PICK-UP

ITEM	CUSTOMER NUMBER	DESCRIPTION	QUANTITY	QUANTITY BACKORDERED	QUANTITY SHIPPED	UNIT PRICE	EXTENDED PRICE
01	+PS-FPB-BR+	ENT STOR ASSESS/BK	1	0	1		US DOLLARS

COMMENTS:

REMIT TO:
EMC CORPORATION
DEPT. CH 10648
PALATINE, IL 60055-0648

SUB-TOTAL	25000.00
SALES TAX	.00
FREIGHT & HANDLING	.00
AMOUNT DUE	25000.00