

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		PROOF OF CLAIM Chapter 11
<b>In Re Kmart Corporation, et al.</b>		<b>Case Numbers 02-02462 through 02-02499</b>
Name of Debtor: (see attached for complete list of debtors)		Case Number:
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.		Your claim is scheduled as follows: Class UNSECURED NON PRIORITY Amount \$610.00
Name of Creditor (The person or other entity to whom the debtor owes money or property):  <div style="text-align: right;">11 2308531</div> L J BUTLER PLUMBING & HEATING CO 5862 BELAIR RD BALTIMORE, MD 21206		10567258  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: _____		
1. <b>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"/> 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 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.
2. Date debt was incurred: 12/27/01 + 12/7/01		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ <u>610.00</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <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.		
5. <b>Secured Claim</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		6. <b>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)(____).
7. <b>Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. <b>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. 9. <b>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.		This Space is for Court Use Only  A.B. 4-9-02 2608
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): L.J. Butler	
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.		

**L. J. BUTLER**  
**PLUMBING & HEATING CO., INC.**  
 5862 Belair Road  
 BALTIMORE, MARYLAND 21206  
 Office (410) 485-7517  
 FAX (410) 426-2116

**JOB WORK ORDER**

**31974**

CUSTOMERS ORDER NO	DATE ORDERED <b>12-27-01</b>
ORDER TAKEN BY	DATE PROMISED <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

BILL TO <b>K-MART # 7334</b>	PHONE
ADDRESS <b>Joppa towne Md</b>	MECHANIC <b>MARK</b>
CITY	HELPER <b>JEFF</b>
JOB NAME AND LOCATION	<input type="checkbox"/> DAY WORK
DESCRIPTION OF WORK	<input type="checkbox"/> CONTRACT
	<input type="checkbox"/> EXTRA

QUANT	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
1	cabled main line from clean out At Little Ceasar's men's room to stoppage (40' sof) min charge 200 <sup>00</sup>		
2	cabled main line from floor clean out in utility room to clear stoppage (52' SOR)		100 <sup>00</sup>
			<b># 300<sup>00</sup></b>

**PAST DUE**

HOURS	LABOR	AMOUNT	TOTAL MATERIALS
	MECHANICS @		
	HELPERS @		TOTAL LABOR
I hereby acknowledge the satisfactory completion of the above described work.		TOTAL LABOR	TAX
SIGNATURE <i>[Signature]</i>	DATE COMPLETED	TOTAL	

Work Order Survey Form

STORE STAMP

Store # 7334

Location Joppa Town

Contract / Work Order # 31924

Amount of Contract \$ 300.00

Contractor \_\_\_\_\_

Date/Time Started 11:30

Date/Time Completed 3:30

Number of people in crew 2

Dated Awarded 12-27-2001

Project Loge Drain

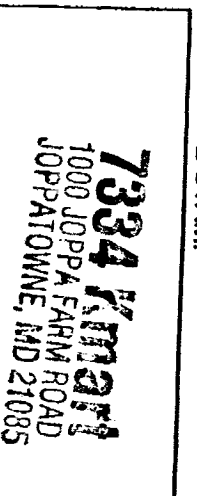
Store/Operations Manager's Signature \_\_\_\_\_

Store/Operations Manager's Name (Print) John Pence

Contractor's Signature Michael Bechtel

Date 12-27-01

This Original Survey Form is to be returned by the Contractor with an Invoice, Service Tickets, Etc.



**L. J. BUTLER  
PLUMBING & HEATING CO., INC.**

5862 Belair Road  
BALTIMORE, MARYLAND 21206  
Office (410) 485-7517  
FAX (410) 426-2116

**JOB WORK ORDER**

32021

CUSTOMER'S ORDER NO.		DATE ORDERED
ORDER TAKEN BY		DATE PROMISED <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
PHONE		NAME
JOB NAME AND LOCATION		HELPER
DESCRIPTION OF WORK		<input type="checkbox"/> GAS WORK <input type="checkbox"/> CONTRACT <input type="checkbox"/> SUPPLY

BILL TO: **Kmart Store # 7334**  
ADDRESS: **Joppa Md**  
CITY: **Joppa Md**  
JOB NAME AND LOCATION: **Joppa Md**  
DESCRIPTION OF WORK: **\* Fax 410-679-8577  
877-453-5693**

QUANT	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
1	SERVICE TO CLEAR MOP SINK FLOOR & DRAIN OF STOPPAGE		200 <sup>00</sup>
1	Pull toilet men's Rm RETRIEVE SODA CAN RESEAL WITH NEW bolts & RING (LAFE)		110 <sup>00</sup>

**PAID**

CK NO 4032117 DATE 2/16/02

HOURS	LABOR	AMOUNT	TOTAL MATERIALS
	MECHANICS @		
	HELPERS @		
	TOTAL LABOR		
I hereby acknowledge the satisfactory completion of the above described work.			TAX
Signature: <i>[Signature]</i>			TOTAL 310 <sup>00</sup>

BANK OF AMERICA  
225 N. CALVERT STREET  
BALTIMORE, MD 21202

Page 1 of 1H  
Bank : 00358  
Center : 5018099  
Divider: 1 2120  
Code : 5

Deposit Account: 606-580-3807  
Charge Account : 606-580-3807  
Store/Reference: 0000000000

L J BUTLER PLUMBING & HTNG CO INC  
5862 BELAIR RD STE 1  
BALTIMORE MD 21206-2611

Dear Valued Customer:

Date of Notice: 01-24-2002

The item(s) below, which were deposited to your account, have been returned unpaid. Therefore, we have charged them to your account. Fees for analyzed accounts are itemized on the account analysis statement.

If you have any questions or need additional information, please contact one of our Customer Service representatives at 1-800-880-5454. Thank you for choosing Bank of America.

Number of Returned Items:

1

Amount of Returned Item(s):

310.00

SEQUENCE/ DEP DATE	ABA NUMBER/ DEP AMOUNT	MAKER NAME/ CHECK DATE	RETURN REASON/ I.D.	AMOUNT
0020004601 01172002	0724-0478 7,856.00		INSUFFICIENT FUNDS	310.00

**L J BUTLER PLUMBING & HEATING CO**  
 (DUNS NUMBER: 00-043-9398)

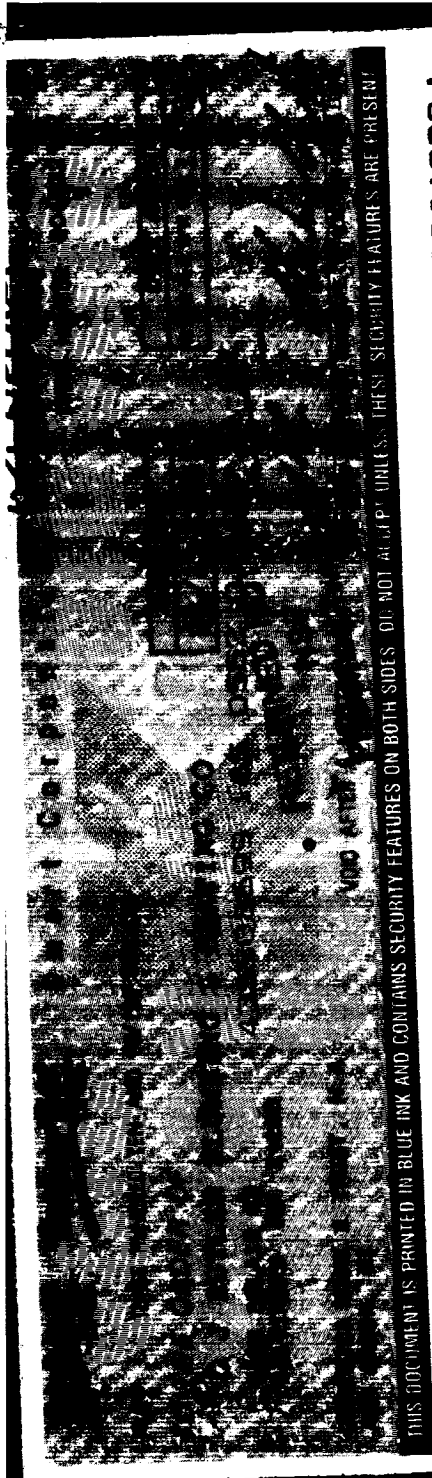
Kmart Corporation  
 BANK NO: 12

DUNS NO. 0000-896-5873  
 01/11/2002  
 004032117  
 310.00

\* PLEASE RENDER STATEMENT EACH MONTH SHOWING ALL PAST DUE INVOICES AND CREDITS. STORE AND INVOICE NUMBER MUST BE SHOWN  
 \* OPPOSITE EACH CHARGE. ADDRESS ALL CORRESPONDENCE CONCERNING REMITTANCES TO A/P AUDIT DEPARTMENT.

STORE NO.	DOCUMENT NUMBER	P.O. NUMBER / FICHE NO(*)	DOC. DATE	ENTRY CODE	DOCUMENT AMOUNT	DISCOUNT AMOUNT	DISCOUNT % CODE	DEPT NO.
7334	32021	093552666D*	12/17/01		310.00	.00		400

DOCUMENT TOTAL	310.00	DISCOUNT TOTAL	.00	1099 WTAX TOTAL	.00	NET AMOUNT	310.00
DISCOUNT CODE:		A. ANTICIPATION	C. CASH	F. FREIGHT	T. TRADE		



THIS DOCUMENT IS PRINTED IN BLUE INK AND CONTAINS SECURITY FEATURES ON BOTH SIDES. DO NOT ACCEPT UNLESS THESE SECURITY FEATURES ARE PRESENT.

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