

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		Class NOT SCHEDULED
Case Number: 02-02474		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): FIRE X SALES & SERVICE ACCOUNTS RECEIVABLES 1011 MCCAULEY COURT HAGERSTOWN, MD 21740		10705324 This Space is for Court Use Only
08 2397628		
<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.		
If address differs from above, please complete the following: Creditor Name: _____ Telephone: #(301) 714-1200 Address: _____ City/St/Zip: _____		
Account or other number by which creditor identifies debtor:		Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated _____
1. Basis for Claim <input checked="" 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 _____ to _____ (date) (date)
2. Date debt was incurred: 12/14/01		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ 1553.28		
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. Secured Claim <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. Unsecured Priority Claim <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. Credits: 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 4-9-02 2645
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.		
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]	

Fire-X Sales & Service Corp (F)
1011 McCauley Court
Hagerstown, MD 21740-7115

Voice: 301-714-1200
 Fax: 301-714-2166
 FEIN 52-1590945

Invoice

Invoice Number:
68450
 Invoice Date:
Jan 11, 2002
 Page:
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Duplicate

Sold To: K-MART CORPORATION
 3100 WEST BIG BEAVER ROAD
 TROY, MI 48084

Ship to: KMART #3709
 1675 SOUTH PLEASANT VALLEY
 WINCHESTER, VA 22601

Customer Phone Number: 540-722-2393

Customer ID	Customer PO	Payment Terms	
2159		Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
S002	OUR TRUCK	12/14/01	2/10/02

Qty.	Item	Description	Unit Price	Extension
1.00E	SY2014 VA	New Ansul Sentry, 20# ABC dry chemical fire extinguisher	104.00	104.00
1.00E	SY0262 VA	New Ansul Sentry, 2 1/2 gal. pressurized water fire extinguisher	92.00	92.00
1.00E	MISC, MERCHD VA	105-20- RRCH - Fire Extinguisher Cabinet	61.75	61.75
1.00E	SVCMAINT1 VA	A complete inspection and maintenance of the portable fire extinguishers was performed, including all applicable procedures as required by NFPA 10	870.00	870.00
1.00E	PARTS VA	Lot - Repair & Replacement Parts	367.40	367.40
1.00H	ZMAT VA	Hazardous Materials Handling Fee	30.00	30.00
1.00E	SVCMAINT2 ALL			

This invoice is higher than usual due to additional testing, 6 yr. maint., and/or recharging required to comply with local fire and OSHA regulations.

1 1/2% service charge over 30 days

Subtotal	1,525.15
Sales Tax	28.13
Total Invoice Amount	1,553.28
Payment Received	
TOTAL	1,553.28

WE APPRECIATE THE OPPORTUNITY TO HAVE SERVED YOU



2159
ANSUL Commercial & Industrial Fire Protection



1011 McCauley Court ♦ Hagerstown, MD 21740-7115 ♦ (301) 714-1200 ♦ (301) 714-2166 Fax

Inspection location: K MART # 3709
1675 S. PLEASANT VALLEY
WINCHESTER, VA. 22181

Bill to:

Phone # 540-722-2393
Date 12/14/01 Order # _____

Inspected and serviced 39 fire extinguishers to include proper tagging, weighing, repairing, testing and recharging where required. All units are in compliance with NFPA #10 at this time unless reported below.

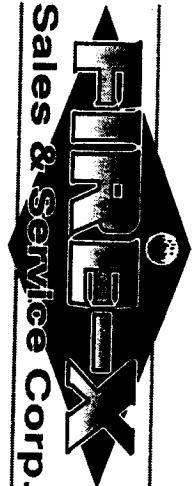
- Sufficient number of extinguishers
- Proper spacing of extinguishers
- Properly hung and accessible
- Proper type and rating of extinguishers
- Special areas properly protected

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Notes RECHARGED (1) EXT. ON SITE. PICKED UP (33) EXTS. FOR HYDRO-TEST
& LEFT (33) LOANERS. - RECOMMENDATION: SHOULD INSTALL (1) WATER EXT.
FOR SEASONAL CHLORINE STORAGE (W02 - 92.00) - " " (1) 20# ABC
EXT. FOR PROPANE RACK OUTSIDE. (AA20 - 104.00) IF 12 TO ORDER AT 11/18/01

Inspector TOOD SHICKLER
FX01050

Signature Army R Norton
Price _____



Sales & Service Corp.

ANSUL Commercial & Industrial Fire Protection



1011 McCauley Court ♦ Hagerstown, Maryland 21740-7115 ♦ (301) 714-1200 ♦ (301) 714-2166 Fax

Customer: K MAY # 3709
1675 S. HENSINT VALLEY
WMC. VA, 22601
 Phone: 540-722-2393

Bill To:

Purchase Order #

Date Received

Date Notified

Date Completed

Notified By

Additional Comments

33) DC
33) LAMERS

ANSUL

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Units Serviced in Accordance with NFPA10, DOT CFR49 and Manufacturer's Specifications

Manufacturer	Type	Serial #	Requested	Service Performed	Cost	New Parts Installed	Cost	Tech.
Amerex	5# ABC	HL 557161	T-RC	T-RC	20	1-2.4.8-9-11	16.60	0.8
		686920		T-RC		1-2.4.8-9-11		0.8
		657151		T-RC		1-2.4.8-9-11		0.8
		657101		T-RC		1-2.4.8-9-11		0.8
		686842		T-RC		1-2.4.8-9-11		0.8
		671424		T-RC		1-2.4.8-9-11		0.8
		657176		T-RC		1-2.4.8-9-11		0.8
		657178		T-RC		1-2.4.8-9-11		0.8
		657166		T-RC		1-2.4.8-9-11		0.8
		657179		T-RC		1-2.4.8-9-11		0.8
		657169		T-RC		1-2.4.8-9-11		0.8
		671426		T-RC		1-2.4.8-9-11		0.8
		657172		T-RC		1-2.4.8-9-11		0.8
		657174		T-RC		1-2.4.8-9-11		0.8
		657171		T-RC		1-2.4.8-9-11		0.8

CODE: T - Hydrostatic Test RC - Recharged

Service Total:

Parts Total

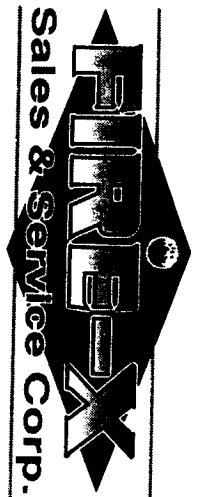
Tax

Service Total

Total

Received by

Date



ANSUL Commercial & Industrial Fire Protection



1011 McCauley Court ♦ Hagerstown, Maryland 21740-7115 ♦ (301) 714-1200 ♦ (301) 714-2166 Fax

Customer: K-MART # 3709

Bill To:

Phone:

Purchase Order #

Date Received 12/14/01 Date Completed 1-9-02

Date Notified 12/14/01 Notified By

Additional Comments

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Units Serviced in Accordance with NFPA10, DOT CFR49 and Manufacturer's Specifications

Manufacturer	Type	Serial #	Requested	Service Performed	Cost	New Parts Installed	Cost	Tech.
AMEREX	3# ABC	HL657149	T-RC	T-rc	20	1-2-4-8-9-11	10.00	0.8
		671425		T-rc		1-2-4-8-9-11		0.8
		657125		T-rc		1-2-4-8-9-11		0.8
		657124		T-rc		1-2-4-8-9-11		0.8
		657120		T-RC		1-2-4-8-9-11		0.8
		657197		T-rc		1-2-4-8-9-11		0.8
		657175		T-rc		1-2-4-8-9-11		0.8
		657170		T-rc		1-2-4-8-9-11		0.8
		657173		T-rc		1-2-4-8-9-11		0.8
		686843		T-rc		1-2-4-8-9-11		0.8
		657145		T-rc		1-2-4-8-9-11		0.8
		671430		T-rc		1-2-4-8-9-11		0.8
		657160		T-rc		1-2-4-8-9-11		0.8
		657168		T-rc		1-2-4-8-9-11		0.8
		657164		T-rc		1-2-4-8-9-11		0.8

CODE: T - Hydrostatic Test RC - Recharged

Service Total:

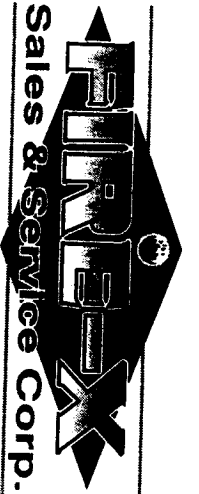
Parts Total

Tax

Service Total

Total

Received by _____ Date _____



ANSUL Commercial & Industrial Fire Protection



1011 McCauley Court ♦ Hagerstown, Maryland 21740-7115 ♦ (301) 714-1200 ♦ (301) 714-2166 Fax

Customer: H. MAIT # 3709

Bill To:

Phone: _____

Purchase Order #

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Date Received: 12/14/01 Date Completed: 1-9-02

Date Notified: _____ Notified By: _____

Additional Comments

Units Serviced in Accordance with NFPA10, DOT CFR49 and Manufacturer's Specifications

Manufacturer	Type	Serial #	Requested	Service Performed	Cost	New Parts Installed	Cost	Tech.
AMEREX	5# ABC	HU65765	T-RC	T-rc	20	1-2-4-8-9-11	10.00	QJ
		671372		T-rc	20	1-2-4-8-9-11	10.00	QJ
		671099		T-rc	20	1-2-4-8-9-11	10.00	QJ

CODE: T - Hydrostatic Test RC - Recharged

Received by _____ Date _____

Service Total:

Parts Total

Tax

Service Total

Total



JOB WORK ORDER

16729

1011 McCAULEY COURT
 HAGERSTOWN, MD 21740
 (301) 714-1200

207 WALNUT ALLEY
 NEW CUMBERLAND, PA 17330
 (717) 774-8330

CUSTOMER ORDER NO.	DATE ORDERED
ORDER TAKEN BY	DATE PROMISED <input type="checkbox"/> AM <input type="checkbox"/> PM

BILL TO	H MART #3709		PHONE	540-722-2393
ADDRESS	1675 S. PLEASANT VALLEY		TECHNICIAN	
CITY	WINC. VA., 22601		HELPER	
JOB NAME AND LOCATION			<input type="checkbox"/> DAY <input type="checkbox"/> CONTRACT <input type="checkbox"/> EXTRA	
DESCRIPTION OF WORK REQUESTED			DELIVER & INSTALL AS LISTED BELOW (SEND BACK w/ SHOP WORK)	
DESCRIPTION OF WORK PERFORMED				
- Bill on insp. -				

QUANTITY	DESCRIPTION OF MATERIALS USED	PRICE	AMOUNT
1	ANSUL SENTRY 20# ABC EXT. AA20	104.00	
1	20# CATO CABINET		
	* (INSTALL OUTSIDE FOR PROTECTION OF PROPANE STORAGE RACK)	61.75	
1	ANSUL SENTRY 2 1/2 G. PRESS WATER EXT. W02	92.00	
	* (INSTALL IN GARDEN DEPT. FOR PROTECTION OF SEASONAL CHLORINE STORAGE.)		
HOURS	LABOR	PER HOUR	TOTAL
	TRAVEL		TOTAL MATERIAL
	ON-SITE SERVICES		TOTAL LABOR
	SHOP SERVICES (OFFSITE)		OTHER
I hereby acknowledge the satisfactory completion of the above work.		ROUND TRIP MILEAGE	TAX
SIGNATURE		DATE	TECH
			TOTAL

INVOICE WILL FOLLOW