

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
<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>		
Name of Creditor (The person or other entity to whom the debtor owes money or property) 10 2746369 SOLER, MIGUEL A SIERRA LINDA D14 CALLE 1 BAYAMON, PR 00957-2154	<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.	11042219 This Space is for Court Use Only
If address differs from above, please complete the following:		
Creditor Name. Address City/ST/Zip	Telephone. #	
Account or other number by which creditor identifies debtor	<input type="checkbox"/> Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input 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 checked="" type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from <u>09/27/01</u> to <u>01/16/02</u> (date) (date)		
2. Date debt was incurred:	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ _____ 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 checked="" 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 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 2653 4-9-02 IB
Date 04/06/02	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) Miguel A. Soler	
<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>		

NOTICE

The preceding page is a copy of the creditor's proof of claim, with the Social Security number redacted for privacy.

Following this notice is the original (non-redacted) proof of claim.

TRUMBULL SERVICES, LLC

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

KMART CORPORATION

02-02474

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)

- 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.

10 2746369

SOLER, MIGUEL A
SIERRA LINDA D14 CALLE 1
BAYAMON, PR 00957-2154

11042219

If address differs from above, please complete the following:

Creditor Name

Telephone #

This Space is for Court Use Only

Address

City/St/Zip

Account or other number by which creditor identifies debtor.

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 USC §1114(a)
- Wages, salaries, and compensation (fill out below)
Your SS # **584-76-7748**
Unpaid compensation for services performed from **09/27/01** to **01/16/02**
(date) (date)

2. Date debt was incurred:

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ _____

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 USC § 507(a)(3)
- Contributions to an employee benefit plan - 11 USC § 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 USC § 507(a)(6)
- Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 USC § 507(a)(7).
- Taxes or penalties owed to governmental units - 11 USC § 507(a)(8)
- Other - Specify applicable paragraph of 11 USC § 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

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

2653

4-9-02

RECEIVED
TRUSTEES SERVICES
COMPANY

2002 APR -9 PM 3:00

BANKRUPTCY **IB**

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)

04/06/02

Miguel A. Soler



Kmart Corporation

KMART CORPORATION
3100 WEST BIG BEAVER
TROY, MICHIGAN 48084 - 3163

Pay Group **QB9**
Pay Begin Date **09-27-2001**
Pay End Date **10-10-2001**

Business Unit **STDBU**
Check # **007009681**
Check Date **10-19-2001**

MIGUEL A SOLER SIERRA LINDA D14 CALLE 1 BAYAMON PR 00957-2154 SSN 584-76-7748	Employee ID 51003961005 Department 07788-000 Location 07788 Pay Rate 5.20	TAX DATA: Federal Marital Status S Allowances 0000 Addl Pct 0.00 Addl Amt 0.00	PR 0 0000 0.00 0.00	State 0 0000 0.00 0.00
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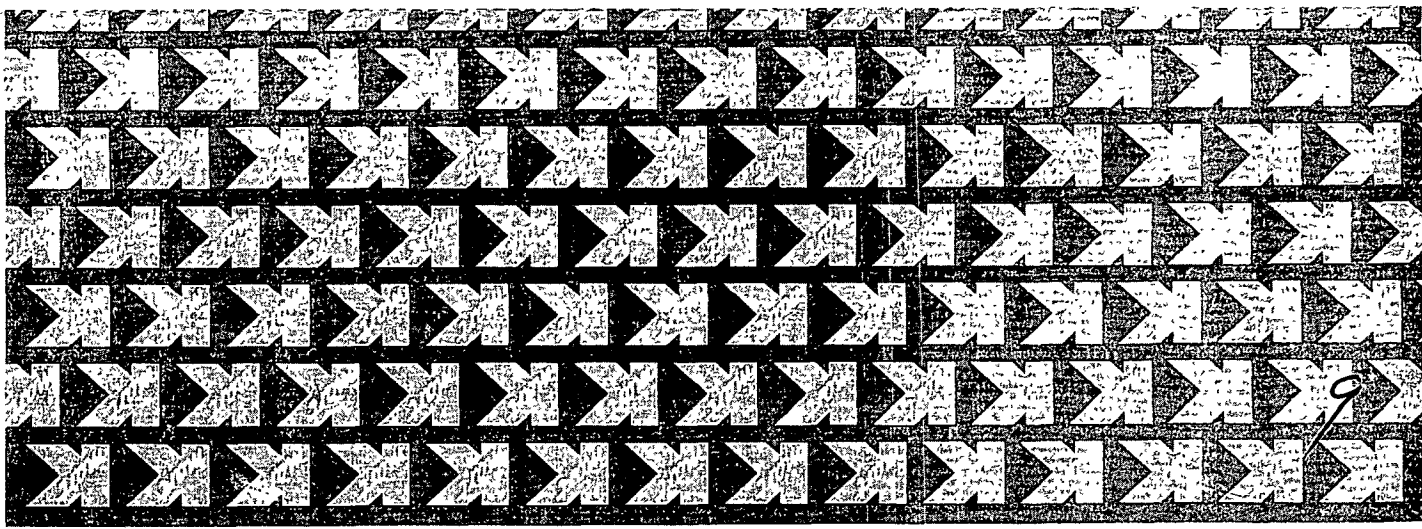
HOURS AND EARNINGS					TAXES		
Description	Current		YTD		Description	Current	YTD
	Hours	Earnings	Hours	Earnings			
Regular	21.00	109.20	21.00	109.20	Soc Sec	6.77	6.77
					MEDICARE	1.58	1.58
					PR SDI	.33	.33
					PR SWT	8.61	8.61
Total	21.00	109.20	21.00	109.20	Total	17.29	17.29

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			SPECIAL INFORMATION		
Description	Current	YTD	Description	Current	YTD	Description	Earned	Taken
Total	.00	.00	Total	.00	.00			

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	109.20	109.20	17.29	.00	91.91
YTD	109.20	109.20	17.29	.00	91.91

- *** CUSTOMERS RULE
- *** TEAMS WORK
- *** DIVERSITY ENRICHES
- *** CHANGE STRENGTHENS
- *** PERFORMANCE DRIVES

NET PAY DISTRIBUTION	
Check#	007009681
Total	91.91





KMART CORPORATION
 3100 WEST BIG BEAVER
 TROY, MICHIGAN 48064-3163

Pay Group **QB9** Business Unit **STDBU**
 Pay Begin Date **10-25-2001** Check # **007518258**
 Pay End Date **11-07-2001** Check Date **11-16-2001**

Kmart Corporation

MIGUEL A SOLER SIERRA LINDA D14 CALLE 1 BAYAMON PR 00957-2154 SSN 584-76-7748	Employee ID 51003961005	TAX DATA:	
	Department 07788-000	Federal	PR State
	Location 07788	Marital Status S	0
	Pay Rate 5.20	Allowances 0000	0000
		Addl Pct 0.00	0.00
	Addl Amt 0.00	0.00	

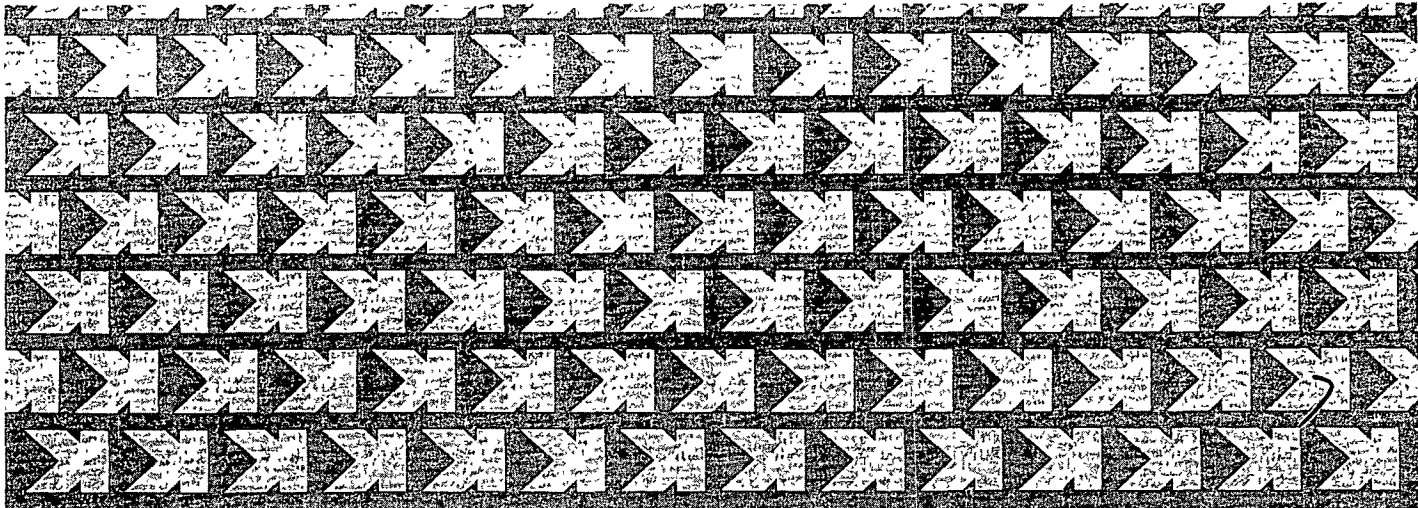
HOURS AND EARNINGS					TAXES		
Description	Current		YTD		Description	Current	YTD
	Hours	Earnings	Hours	Earnings			
Regular	40.75	211.90	132.75	690.30	Soc Sec	17.49	59.40
Sunday Db1	6.75	70.20	24.00	249.60	MEDICARE	4.09	13.89
PROvertime	.00	.00	1.75	18.20	PR SDI	.84	2.87
					PR SWT	25.90	88.88
Total	47.50	282.10	158.50	958.10	Total	48.32	165.04

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			SPECIAL INFORMATION		
Description	Current	YTD	Description	Current	YTD	Description	Earned	Taken
Total	.00	.00	Total	.00	.00			

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	282.10	282.10	48.32	.00	233.78
YTD	958.10	958.10	165.04	.00	793.06

*** INVITE FAMILY & FRIENDS TO SHOP ALL DAY
 *** SUNDAY NOV. 11TH OR 18TH BASED ON STATE
 *** KMART OR KMART SUPER CENTER STORES
 *** SAVE 20% ALL ELIGIBLE* ITEMS.
 *** SEE SHOPPING PASSES FOR COMPLETE DETAILS.

NET PAY DISTRIBUTION	
Check# 007518258	233.78
Total	233.78





KMART CORPORATION
 3100 WEST BIG BEAVER
 TROY, MICHIGAN 48064 - 3163

Pay Group **QB9** Business Unit **STDBU**
 Pay Begin Date **11-22-2001** Check # **008082877**
 Pay End Date **12-05-2001** Check Date **12-14-2001**

Kmart Corporation

MIGUEL A SOLER	Employee ID: 510 3961005	TAX DATA:	Federal	PR	State
SIERRA LINDA D14 CALLE 1	Department: 07788-000	Marital Status	S	0	0
BAYAMON PR 00957-2154	Location: 07788	Allowances	0000	0000	0000
SSN 584-76-7748	Pay Rate: 5.20	Add'l Pct	0.00	0.00	0.00
		Add'l Amt	0.00	0.00	0.00

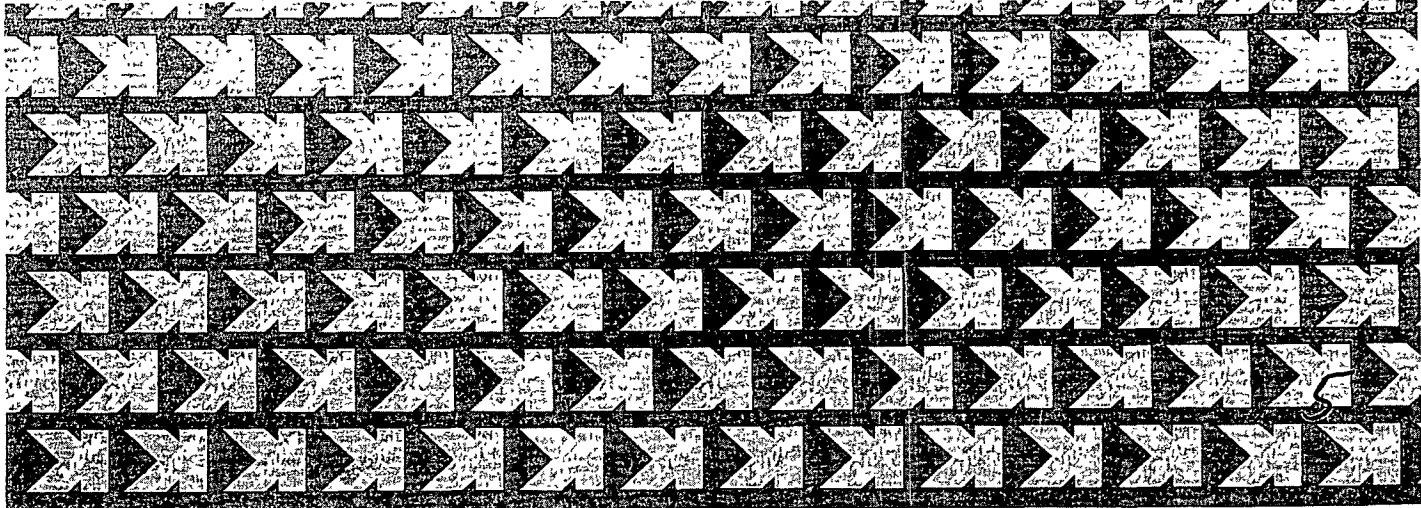
HOURS AND EARNINGS					TAXES		
Description	Current		YTD		Description	Current	YTD
	Hours	Earnings	Hours	Earnings			
Regular	62.75	326.30	244.50	1271.40	Soc Sec	27.32	109.94
Sunday Db1	10.00	104.00	45.25	470.60	MEDICARE	6.39	25.71
PROvertime	1.00	10.40	3.00	31.20	PR SDI	1.32	5.32
					PR SWT	41.76	165.77
Total	73.75	440.70	292.75	1773.20	Total	76.79	306.74

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			SPECIAL INFORMATION		
Description	Current	YTD	Description	Current	YTD	Description	Earned	Taken
Total	.00	.00	Total	.00	.00			

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	440.70	440.70	76.79	.00	363.91
YTD	1773.20	1773.20	306.74	.00	1466.46

*** YEAR END IS NEAR!
 *** PLEASE REVIEW YOUR CHECK/ADVICE TO ENSURE
 *** YOUR NAME, ADDRESS AND SS# APPEAR CORRECTLY.
 *** PLEASE CONTACT YOUR HR MGR. IMMEDIATELY
 *** WITH ANY CORRECTIONS. THANK YOU

NET PAY DISTRIBUTION	
Check#	008082877 363.91
Total	363.91





KMART CORPORATION
 3100 WEST BIG BEAVER
 TROY, MICHIGAN 48064 - 3163

Pay Group: **QB9** Business Unit: **STDBU**
 Pay Begin Date: **12-20-2001** Check #: **008646394**
 Pay End Date: **01-02-2002** Check Date: **01-11-2002**

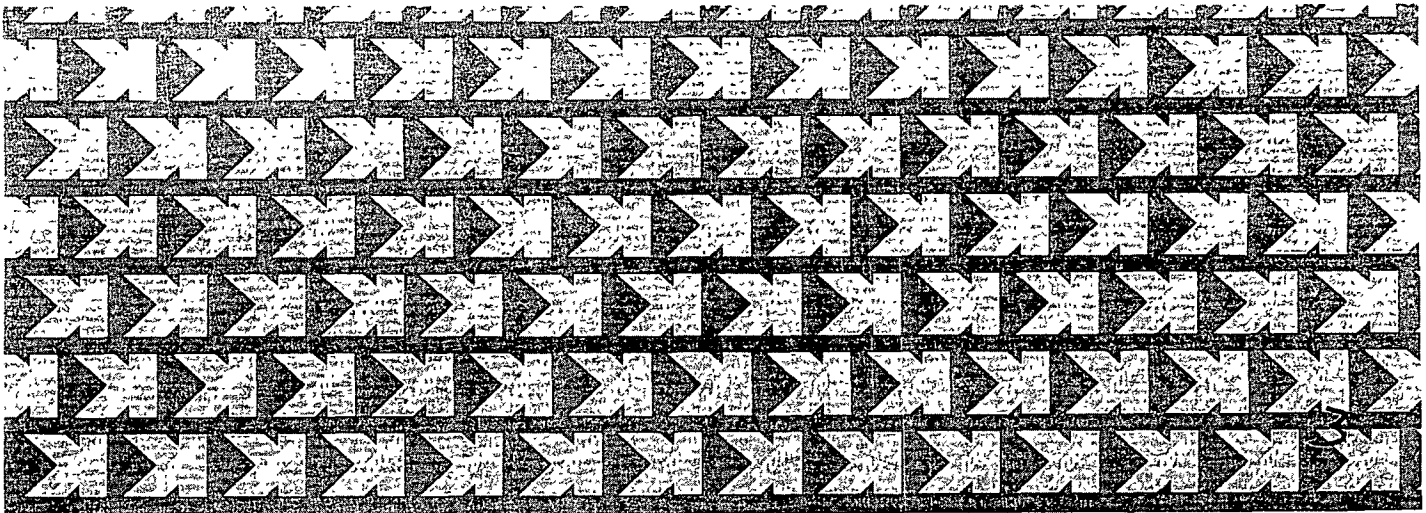
MIGUEL A SOLER SIERRA LINDA D14 CALLE 1 BAYAMON PR 00957-2154 SSN 584-76-7748	Employee ID: 51003961005	TAX DATA: Federal	PR	State
	Department: 07788-000	Marital Status: S	0	
	Location: 07788	Allowances: 0000	0000	
	Pay Rate: 5.20	Addl Pct: 0.00	0.00	
		Addl Amt: 0.00	0.00	

HOURS AND EARNINGS					TAXES		
Description	Current		YTD		Description	Current	YTD
	Hours	Earnings	Hours	Earnings			
Sunday Db1	17.00	176.80	17.00	176.80	Soc Sec	17.09	17.09
Regular	14.00	72.80	14.00	72.80	MEDICARE	4.00	4.00
Holiday	5.00	26.00	5.00	26.00	PR SDI	.83	.83
					PR SWT	25.25	25.25
Total	36.00	275.60	36.00	275.60	Total	47.17	47.17

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			SPECIAL INFORMATION		
Description	Current	YTD	Description	Current	YTD	Description	Earned	Taken
Total	.00	.00	Total	.00	.00			
TOTAL GROSS	275.60	275.60	FED TAXABLE GROSS	275.60	275.60	TOTAL TAXES	47.17	47.17
Current	275.60	275.60	TOTAL DEDUCTIONS	.00	.00	NET PAY	228.43	228.43
YTD	275.60	275.60						

*** YEAR END IS NEAR!
 *** PLEASE REVIEW YOUR CHECK/ADVICE TO ENSURE
 *** YOUR NAME, ADDRESS AND SS# APPEAR CORRECTLY.
 *** PLEASE CONTACT YOUR HR MGR. IMMEDIATELY
 *** WITH ANY CORRECTIONS. THANK YOU

NET PAY DISTRIBUTION		
Check#	008646394	228.43
Total		228.43





KMART CORPORATION
 3100 WEST BIG BEAVER
 TROY, MICHIGAN 48064 3163

Pay Group **5X4**
 Pay Begin Date **01-07-2002**
 Pay End Date **01-07-2002**

Business Unit **STDBU**
 Check # **000158596**
 Check Date **01-08-2002**

Kmart Corporation

MIGUEL A SOLER	Employee ID 51003961005	TAX DATA:	Federal	PR	State
SIERRA LINDA D14 CALLE 1	Department 07788-000	Marital Status	S	0	0
BAYAMON PR 00957-2154	Location 07788	Allowances	0000	0000	0000
SSN 584-76-7748	Pay Rate 5.20	Addl Pct	0.00	0.00	0.00
		Addl Amt	0.00	0.00	0.00

HOURS AND EARNINGS					TAXES		
Description	Current		YTD		Description	Current	YTD
	Hours	Earnings	Hours	Earnings			
SSR Bonus	.00	56.42	.00	56.42	Soc Sec	3.50	20.59
Holiday	.00	.00	5.00	26.00	MEDICARE	.81	4.81
Sunday Db1	.00	.00	17.00	176.80	PR SDI	.17	1.00
Regular	.00	.00	14.00	72.80	PR SWT	3.95	29.20
Total	.00	56.42	36.00	332.02	Total	8.43	55.60

BEFORE-TAX DEDUCTIONS			AFTER-TAX DEDUCTIONS			SPECIAL INFORMATION		
Description	Current	YTD	Description	Current	YTD	Description	Earned	Taken
Total	.00	.00	Total	.00	.00			
TOTAL GROSS	56.42	332.02	FED TAXABLE GROSS	56.42	332.02	TOTAL TAXES	8.43	55.60
TOTAL DEDUCTIONS	.00	.00	NET PAY	0.00	276.42			

*** YEAR END IS NEAR!
 *** PLEASE REVIEW YOUR CHECK/ADVICE TO ENSURE
 *** YOUR NAME, ADDRESS AND SS# APPEAR CORRECTLY.
 *** PLEASE CONTACT YOUR HR MGR. IMMEDIATELY
 *** WITH ANY CORRECTIONS. THANK YOU

NET PAY DISTRIBUTION		
Check#	000158596	47.99
Total		47.99

