

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)		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 \$361.00
Name of Creditor (The person or other entity to whom the debtor owes money or property): OVERHEAD DOOR CO OF OCALA ACCOUNTS PAYABLE P O BOX 1054 OCALA, FL 32678		11 2310258 <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: # _____ Address: _____ City/ST/Zip: _____		10566984 This Space is for Court Use Only
Account or other number by which creditor identifies debtor: # 8737377 ~ # 2450155		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: 11/5/01, 12/21/01, 1/11/02		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ 771.74 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 2662 4-10-02
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 4/15/02	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): Linda Cop, Office Mgr.	

The Genuine. The Original.



Showroom: 2855 S. Pine Ave. Ocala, FL 34471

Mailing Address: P.O. Box 1054 Ocala, FL 34478

352-622-5737 Fax 352-622-5209



INVOICE

10949	12/21/01

Page 1

K-MART CORPORATION
 OCALA DISTRIBUTION CENTER
 655 S. W. 52ND AVE.
 OCALA FL 34474-9365

655 S. W. 52ND AVE.
 OCALA, FL
 NORM
 352-873-7377

CHARGE INVOICE

Printed 10:44AM 04/04/2002

TERMS:

8737377

OUR TRUCK

12/21/01

101 - LINDA COX

101 - LINDA COX

1	EA 40	CHAIN HOIST	85.00	85.00
1	EA LBRCOM1MAN	COMMERCIAL LABOR HOURLY RATE 1 MAN	85.00	85.00

The Genuine. The Original.



*See Attached Copy of Check
Pmt. Stopped*

ALL PURCHASES ARE SUBJECT TO THE COURTESY SALES AGREEMENT WHICH IS PRINTED ON THE BACK SIDE OF THIS DOCUMENT.

CUSTOMER SIGNATURE:

PRINT NAME HERE:

85.00

85.00

100

5.10

175.10

REPRINT

Overhead Doors of Ocala
 Mailing Address:
 P.O. Box 1054 Ocala, FL 34478
 Phone (352) 622-5737
 Fax (352) 622-5209



Work Order
 48930
 CENTRAL CLEANING
BEAM
 SYSTEMS

SOLD TO: <u>K-MAT</u>	SHIP TO:					
ADDRESS	JOB ADDRESS					
CITY, ST	CITY					
PHONE <u>873-7377ext</u> FAX						
Ordered by: <u>Norm</u> <u>244</u> Phone:	Job Contact: Phone:					
Order Date:	Promise Date:	P.O. #:	Lot:	Block:	Model:	Grp:

Problem;

12/16

* Needs new operator

QTY.	PART #	DESCRIPTION	UNIT PRICE	TOTAL
		<u>quote new oper needs Board + transformer</u>		
		<u>MO operator</u>		
		<u>Belt</u>		<u>85.00</u>
		<u>2:00-2:30 Needs Chain Hoist</u>		
<u>1</u>	<u>12-21-01</u>	<u>Needs new operator</u>		
Upforce setting		<u>(Added Chain hoist setting: hoist)</u>		
COMMENTS:		<u>North door won't manually go up.</u>	Subtotal	<u>85.00</u>
		<u>(Parts = Stock?)</u>	Sales Tax	<u>5.10</u>
		<u>Will require New Operator To have proper</u>	Labor	<u>85.00</u>
			Total Due	<u>175.10</u>

Inspect Lube Adjust Safety Labels Co. Sticker Time In Finish Time Out

Entrapment Test: Pass Fail If fail, customer informed that failure to pass test could result in serious or fatal injury to anyone trapped by closing garage door.

Technician / Installer C.W./m.c. Completion Date _____

Customer Signature [Signature] Date _____

I hereby acknowledge the satisfactory completion of the above work. Residential operators manufactured prior to 1983 are not in compliance with current federal safety regulations. Customer was made aware and refused to replace. Initial: _____

TERMS AND CONDITIONS: **NEW DOOR WARRANTY:** 10 year to limited lifetime warranty on door sections. 1 year parts and labor warranty. (See details in owner's manual) **OPERATOR WARRANTY:** 2 years to lifetime warranty on motors and 1 year on installation. **SERVICE WARRANTY:** 30 days parts and labor, Payment to be made as circle below. Price subject to change if not accepted in 30 days.

BY OTHERS: Jams, spring pads, all wiring to motors and control stations, should be done prior to arrival at job site, unless otherwise stated above. In the event Purchaser breaches or defaults under the term and provisions of this Agreement, the Purchaser shall be responsible for the cost of collection, including reasonable attorney's fees. The Seller shall be entitled to full and final payment upon completion unless otherwise noted on this form. There shall be a 1-1/2% service charge per month for all payments due and owing after 30 days. (Agreements are contingent upon strikes, accidents, or delays beyond our control.)

<input type="checkbox"/> COD	<input type="checkbox"/> Charge	WARRANTY <input type="checkbox"/> Yes <input type="checkbox"/> No			
NO.	SIZE	MANUFACTURER	MODEL	STYLE	DATE CODE *
DOOR					
DOOR					
OPER.					

The Genuine. The Original.



Showroom:
2855 S. Pine Ave.
Ocala, FL 34471



INVOICE

Mailing Address:
P.O. Box 1054
Ocala, FL 34478
352-622-5737
Fax 352-622-5209

Page 1

10797		11/05/01	
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K-MART CORPORATION
OCALA DISTRIBUTION CENTER
655 S. W. 52ND AVE.
OCALA FL 34474-9365

655 S. W. 52ND AVE.
OCALA, FL
PAT KAY
352-873-7377

CHARGE INVOICE

Printed 10:45AM 04/04/2002

TERMS:

8737377

OUR TRUCK

11/05/01

101 - LINDA COX

101 - LINDA COX

DESCRIPTION

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL PRICE
2	EA	16' CABLES	14.50	29.00
4	EA	COMMERCIAL LABOR HOURLY RATE 2 MAN	95.00	380.00

The Genuine. The Original.



ALL PURCHASES ARE SUBJECT TO THE COURTESY SALES AGREEMENT WHICH IS PRINTED ON THE BACK SIDE OF THIS DOCUMENT.

CUSTOMER SIGNATURE:

PRINT NAME HERE:

29.00

380.00

100

1.74

410.74

REPRINT

Overhead Doors of Ocala

Mailing Address:
 P.O. Box 1054 Ocala, FL 34478
 Phone (352) 622-5737
 Fax (352) 622-5209



Work Order

48616



SOLD TO: <u>K Mart Dist</u>		SHIP TO:	
ADDRESS		JOB ADDRESS	
CITY, ST		CITY	
PHONE <u>8734377</u> FAX			
Ordered by: <u>Pat Kay</u>	Phone:	Job Contact:	Phone:
Order Date: <u>10/10/01</u>	Promise Date:	P.O. #:	Lot: Block: Model: Grp:
Problem: <u>Sliding Fire Doors</u>			

QTY.	PART #	DESCRIPTION	UNIT PRICE	TOTAL
		<u>Serviced</u>		
		<u>7 Fire Doors</u>		
		<u>replaced 2 cables at 16' apiece</u>		<u>29.00</u>

Upforce setting:	Downforce setting:		
COMMENTS: <u>8:30-12:30</u>	<u>2-men</u>	Subtotal	<u>29.00</u>
		Sales Tax	<u>1.74</u>
		Labor	<u>380.00</u>
		Total Due	<u>410.74</u>

Inspect Lube Adjust Safety Labels Co. Sticker
 Entrapment Test: Pass Fail If fail, customer informed that failure to pass test could result in serious or fatal injury to anyone trapped by closing garage door.

Technician / Installer Chris Mike Completion Date 11-5-01
 Customer Signature [Signature] Date _____

I hereby acknowledge the satisfactory completion of the above work. Residential operators manufactured prior to 1983 are not in compliance with current federal safety regulations. Customer was made aware and refused to replace. Initial: _____

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<input type="checkbox"/> COD	<input type="checkbox"/> Charge	WARRANTY <input type="checkbox"/> Yes <input type="checkbox"/> No			
NO.	SIZE	MANUFACTURER	MODEL	STYLE	DATE CODE *
DOOR					
DOOR					
OPER.					

BIG K

Kmart Corporation

PAY : FIVE AND 10/100 DOLLARS

TO THE ORDER OF

OVERSEAS TOUR CO

P O BOX 109
OCALA FL 32878

1501355614

COMERICA BANK N.A.
ANN ARBOR MI

VOID AFTER 6 MONTHS

AUTHORIZED SIGNATURE

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

⑈004033018⑈ ⑆072404786⑆ 2176965339⑈

⑈0000017510⑈

0720-0029-0

210056626 0720-0029-0

210056626 01-24-02

210056626 1896 1908 10 012402

COMERICA

PROCESS 0000199 0484

444513368306424-02

TRIPS

1501355614

00014

08-20

01/29/02

08567

73810044 1501355614 362706626 20 01-23-02

⑆063107513⑆
FIRST UNION NATL SVC-031
ORLANDO FL 01222002

6533690577

091000022 01282002 7891
S/T 131 1D 90 PKT 4
ACCT 00023101150180

6046216794

Pay To The Order Of
FIRST UNION NATIONAL BANK
For Deposit Only
SVB ENTERPRISES, INC.
⑆2000004432834⑆





Overhead Door of Melbourne
 P.O. Box 410367
 Melbourne, FL 32940
 (321) 259-5033

INVOICE



Overhead Door of Ocala
 P.O. Box 1054
 Ocala, FL 34478
 (352) 622-5737

11003	01/11/02
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CUSTOMER
 K-NIGHT
 14301 S. E. HWY 441
 BELLEVIEW FL 34420

SHIP TO
 14301 S. E. HWY 441
 BELLEVIEW
 FL 34420
 352-245-0155

H A R D E I N V O I C E
 Printed 08:43AM 01/14/2002

ACCOUNTING NUMBER	JOB NUMBER	ROUTING	CUSTOMER P.O. NO.	DATE
2450155		OUR TRUCK		01/11/02

TYPE	PROCESSED BY	SALE
	101 - LINDA COX	101 - LINDA COX

TYPE	QTY SHIP	UNIT	SKU NUMBER	DESCRIPTION
2	2	EA	LSROLL	LONG STEM ROLLER
2	2	EA	LBRCOMEMAN	COMMERCIAL LABOR HOURLY RATE 2 MAN

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CUSTOMER SIGNATURE: _____

TAXABLE	NON-TAXABLE	REGION	TAX AMOUNT	INVOICE TOTAL
15.00	170.00	1200	0.90	195.90

LOADING COPY

Overhead Doors of Ocala

Mailing Address:
 P.O. Box 1054 Ocala, FL 34478
 Phone (352) 622-5737
 Fax (352) 622-5209



Complete M.C.

Work Order
 49070



SOLD TO: K Mart	SHIP TO:
ADDRESS 10301 SE Hwy 441	JOB ADDRESS
CITY, ST Belleview, FL	CITY
PHONE 345-0155 FAX	

Ordered by: **Teresa** Phone: _____ Job Contact: _____ Phone: _____

Order Date: **1/2/02** Promise Date: _____ P.O. #: _____ Lot: _____ Block: _____ Model: _____ Grp: _____

Problem: **Hit Door w/ Fork Lift**
Also - need Rollers

QTY.	PART #	DESCRIPTION	UNIT PRICE	TOTAL
2		Long stem 2" Rollers	7.50	15.00
		Strengthen hedges on door		
		adjust tracks		
		2 hrs @ 8.5/hr.		

Upforce setting: _____ Downforce setting: _____

COMMENTS: Needs bottom section Replaced in future.	Subtotal	15.00
	Sales Tax	.90
	Labor	170.00
	Total Due	185.90

Inspect Lube Adjust Safety Labels Co. Sticker
 Entrapment Test: Pass Fail If fail, customer informed that failure to pass test could result in serious or fatal injury to anyone trapped by closing garage door.

Technician / Installer: _____ Completion Date: **1-11-02**
 Customer Signature: _____ Date: **1-11-02**

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NO.	SIZE	MANUFACTURER	MODEL	STYLE	DATE CODE *
DOOR					
DOOR					
OPER.					