

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

UNSECURED NON PRIORITY

Amount

\$4,125.00

10569007

This Space is for Court Use
Only

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):

TENNESSEE STATE HOOD CLEANING
ACCOUNTS PAYABLE
P O BOX 65
ANTIOCH, TN 37011

11 2299943

- 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: # 615-3676566

Account or other number by which creditor identifies debtor:

DUNS # 539049

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 _____ to _____
(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 \$ 4125.00

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.

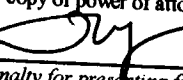
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents 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.

Date

4-3-02

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):

 Floyd Thomas - owner

This Space is for Court Use Only

RECEIVED
TRUMBULL COUNTY
BANKRUPTCY

2002 APR -9 11:11 AM '02

CC 2761

4/9/02

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.

TENNESSEE STATE HOOD CLEANING
(DUNS NUMBER: 00-053-9049)

Kmart Corporation
DUWS NO. 0000-896-5873
BANK NO: 12
CHECK DATE: 01/15/2002
CHECK NUMBER: 004034574
CHECK AMOUNT: 1,100.00

* 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.
3057	8382	090040052B*	12/19/01		275.00			400
3813	8304	090071227B*	11/19/01		275.00	.00		51
4232	121901	090031188A*	12/19/01		275.00	.00		400
3445	8387	090075859E*	12/19/01		275.00	.00		400



Kmart Corporation

CHECK NUMBER: 004034574

PAY: ONE THOUSAND ONE HUNDRED AND 00/100 DOLLARS

TO THE ORDER OF

TENNESSEE STATE HOOD CLEANING

P O BOX 65
ANTIOCH TN 37011

PAYMENT STOPPED
DO NOT REDEPOSIT

CHECK DATE
01/15/2002

CHECK AMOUNT
*****1,100.00

494507368 165 0456 01 01-24-02

COMERICA BANK & TRUST, N.A.
ANN ARBOR, MI

VOID AFTER 6 MONTHS

John T. Michael
AUTHORIZED SIGNATURE (SIGNATURE LINE CONTAINS KMART LOGO)

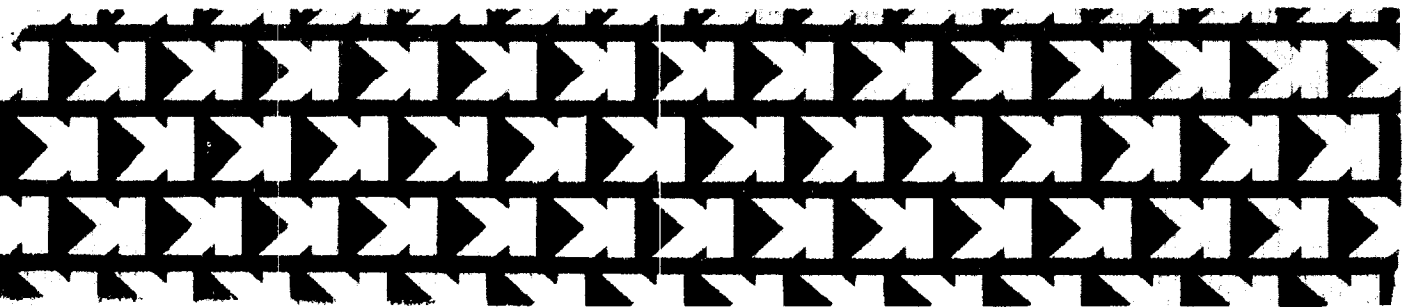
THIS DOCUMENT IS PRINTED IN BLUE INK AND CONTAINS SECURITY FEATURES ON BOTH SIDES. DO NOT ACCEPT UNLESS THESE SECURITY FEATURES ARE PRESENT.

⑈004034574⑈ 0072404786⑈ 2176965339⑈

Payment Stopped

DOCUMENT TOTAL	DISCOUNT TOTAL	1099 WTAX TOTAL	NET AMOUNT
1,100.00	.00	.00	1,100.00

DISCOUNT CODE: A. ANTICIPATION C. CASH F. FREIGHT T. TRADE



TENNESSEE STATE HOOD CLEANING
(DUNS NUMBER: 00-053-8049)

Kmart Corporation DUNS NO. 0000-896-6873
BANK NO: 12 CHECK DATE : 01/14/2002
CHECK NUMBER: 004033422
CHECK AMOUNT: 275.00

* 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.
4006	9388	090101070C*	12/19/01		275.00	.00		51

Payment Stopped

*12'
134.54
2,2.42
2.31*

~~BIG IT SUPPLY~~

Kmart Corpora

004033422

PAY : TWO HUNDRED SEVENTY-FIVE AND 00/100 DOLLARS

TO THE ORDER OF
TENNESSEE STATE HOOD CLEANING
P O BOX 65
ANTIOCH TN 37011

075000022

CHECK DATE
01/14/2002

CHECK AMOUNT
*******275.00**

PAYMENT STOPPED
DO NOT REDEPOSIT

COMERICA BANK & TRUST, N.A.
ANN ARBOR, MI

VOID AFTER 6 MONTHS

[Signature]
AUTHORIZED SIGNATURE (SIGNATURE LINE CONTAINS KMART LOGO)

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

⑈004033422⑈ ⑆072404786⑆ 2176965339⑈ ⑈0000027500⑈

