

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:

Your claim is scheduled as follows:

Class
UNSECURED NON PRIORITY

Amount

\$910.30

10576349

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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):

11 2411884

MASON SHIRLEY PLUMBING INC
P O BOX 401
VERSAILLES, KY 40383

- 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:

Telephone: #

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 U.S.C. §1114(a)
- Wages, salaries, and compensation (fill out below)

Your SS #: _____
Unpaid compensation for services performed from 11-14-01 to 12-29-01
(date) (date)

2. Date debt was incurred:

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 910.30

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 \$ 510.30

Specify the priority of the claim: MECHANICS LIEN

- 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.

RECEIVED
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TRUSTEES SERVICES
BANKRUPT

2002 APR -9 PM 12:16

CC 2776

4/9/02

Date
4402
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):
Mason Shirley
JERRY MADON
JCL - TREAS



P.O. BOX 401
 VERSAILLES, KY. 40383 20443
 PHONE 873-5431 - 277-6864

NAME Big K-MART #7237
 ADDRESS 2909 RICHMOND ROAD
LEWINGTON, KY 11-14-01
 CITY 40509 DATE

"it's that simple"

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
	CHEW AW PLUMBING		
	CHEW GARDEN CENTER		
	REPAIR COMMON SEAT		
	IN MEN PARK RESTROOM		
1	COMMON SEAT		2370
	QUANT # 945774		
	2 1/2 Hr LABOR		
		TOTAL MATERIALS	2370
		EQUIP. USAGE	
		TOTAL LABOR	16250
		TOTAL	18620

NO STATEMENT WILL FOLLOW PAYMENT
 DUE ON COMPLETION OF WORK.

1.5% ADDED INTEREST AFTER 30 DAYS.



P.O. BOX 401
 VERSAILLES, KY. 40383 20526
 PHONE 873-5431 - 277-6864

Bill K-Mart 3850
 NAME
501 Mansfield Dr
 ADDRESS
Versailles, Ky 12-7-01
 CITY DATE
40383

"It's that simple"

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
	LEADSTOP LINE FROM DISC		
	CHALK LINE IN CEILING		
	Drum # 945774		
	3 DAY LABOR		
		TOTAL MATERIALS	
	MAIL MAILING	EMP. SHARE	30 00
		TOTAL LABOR	195 00
	NO STATEMENT WILL FOLLOW PAYMENT DUE ON COMPLETION OF WORK.		TOTAL 225 00

1.5% ADDED INTEREST AFTER 30 DAYS.



P.O. BOX 401
 VERSAILLES, KY. 40383 20565
 PHONE 873-5431 - 277-6864

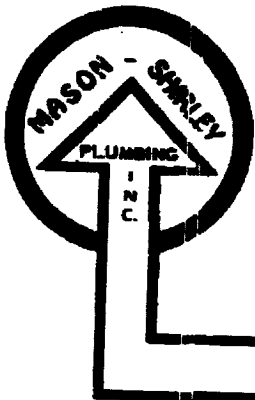
Big K-Mart 4232
 NAME
2520 NICHOLASVILLE RD
 ADDRESS
LEXINGTON, KY 12-18-01
 CITY DATE
40503

"It's that simple"

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
	MEN PUBLIC - TRICK UP		
	2 COMODES TO UNSTO		
	WOMEN'S BAZAR - REPAIR		
	COMODE		
1	FLORID DROP KIT		24.90
2	WIRE RINGS & BOLTS		13.50
	JOHN #		
	965774		
	2 1/2 HR		
	LABOR		
		TOTAL MATERIALS	38.40
		EQIP. USAGE	
		TOTAL LABOR	162.50
		TOTAL	200.90

NO STATEMENT WILL FOLLOW PAYMENT
 DUE ON COMPLETION OF WORK.

1.5% ADDED INTEREST AFTER 30 DAYS.



P.O. BOX 401
 VERSAILLES, KY. 40383 20598
 PHONE 873-5431 - 277-6864

NAME BIG K-MART 4077
 ADDRESS 130 NEW CIRCLE RD N.W.
LEWINGTON KY 40501
 CITY LEWISTON DATE 12-28-01

"It's that simple"

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
	WOMEN LOUNGE RESTROOM		
	GO INTO WALK TO MAINT		
	LBS DRAINS		
	MEN'S LOUNGE RESTROOM		
	REPAIR CABS		
1	1 1/4" BRASS RTR		13.90
1	1 1/4" WAS + WASHER		1.90
1	SEAL ROOF KIT		24.90
	Order # 945774		
	3 1/2 HR LABOR		
		TOTAL MATERIALS	40.70
	DRAIN MACHINE	EQUIP USAGE	30.00
		TOTAL LABOR	227.50
		TOTAL	298.20

NO STATEMENT WILL FOLLOW PAYMENT
 DUE ON COMPLETION OF WORK.

1.5% ADDED INTEREST AFTER 30 DAYS.