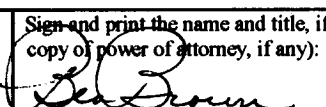


UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		PROOF OF CLAIM Chapter 11
In Re Kmart Corporation, et al.		Case Numbers 02-02462 through 02-02499
Name of Debtor: (see attached for complete list of debtors) K-MART CORPORATION	Case Number: 02-02474	Your claim is scheduled as follows: Class UNSECURED NON PRIORITY Amount \$2,590.84 10574108 This Space is for Court Use Only
<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): <div style="text-align: right; margin-right: 100px;">11 2399398</div> H H RENTAL LEASING ACCOUNTS RECEIVABLE 1705 MOXAHALA AVENUE ZANESVILLE, OH 43701	<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: HH RENTAL LEASING Address: 1705 Moxahala Ave City/St/Zip: Zanesville, OH 43701 Telephone: # 740 454 1221		
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 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: December 2001 - January 22, 2002	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 2,590.84 <small>If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.</small> <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.		
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 4/04/2002	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):  Bea Brown - Clerical Clerk-Accts Rec.	
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.		

RECEIVED
 TRUMBULL COUNTY
 This Space is for Court Use Only

2002 APR -9 PM 12:47

CC 2798
 4/9/02

STATEMENT

LTD

1705 Moxahala Avenue

ZANESVILLE, OHIO 43701

Phone 432-8405 454 1221

TO:

K Mart# 3325

Ohio Valley Mall

6780 Mall Road

St. Clairsville, OH 43850

DATE December 31 x\$ 2001 \$

Trlr Rental # 934 Month of December

\$ 100.00
100.00
100.00
100.00
100.00
100.00
100.00
100.00
100.00
147.00
147.00
- 100.00
\$894.00

* Delivery and set up charges 3 1/2 hrs @\$42.00
Return of Trlr# 4528

Nov. Overpayment
Incorrect total

Please Remit

Thank YOU!

STATEMENT

H H RENTAL • LEASING

LTD

1705 Moxahala Avenue
ZANESVILLE, OHIO 43701

Phone ~~432-5405~~ 454 1221

TO:

K Mart# 3325
Ohio Valley Mall
6780 Mall Road
St. Clairsville, OH 43850

DATE January 31 198X 2002

Trlr Rental # 934/971/944/886/955/948 returned

6 trlrs @ 3½hrs each 21hrs @ \$42.00 \$882.00

Please remit

THANK YOU!

STATEMENT

H H RENTAL • LEASING LTD

1705 Moxahala Avenue
ZANESVILLE, OHIO 43701

Phone ~~432-3540~~ 454 1221

TO:

K Mart#3555
Southgate Parkway
Cambridge, OHIO 43725

DATE January 31 1/31/2002

Attn: Ronnie Fax 740 439 3763

Trlr Rental # 889 Month of January

914
4514
758
832
804

1/29/02 return trlr # 804 2 hrs @ \$42.00

\$ 75.00
75.00
75.00
75.00
75.00
75.00
84.00

\$534.00

229.16 *pd 3/15/02*

304.84

Please Remit

THANK YOU!

Bal.

*506 12/18
1/31/02*

STATEMENT

H H RENTAL • LEASING LTD
1705 Moxahala Avenue
ZANESVILLE, OHIO 43701

Proof of Claim from

Phone ~~888-3488~~ 454 1221

TO:
K Mart #3555
Southgate Parkway
Cambridge, OH 43725

DATE December 31 ~~12~~ 2002

ATTN: Ronnie Fax# 740 439 3763

Trlr Rental # 889 Month of December
914 \$ 75.00
4514 75.00
758 75.00
832 75.00
804 75.00
6 pin lock charges 60.00
\$ 510.00

Please Remit

THANK YOU!

0.00 *

510.00 +

304.84 +

882.00 +

894.00 +

2,590.84 *