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| UNITED STATES BANKRUPT | CY COURT | PROOF OF CLAIM | |
| NORTHERN DISTRICT OF ILLINOIS, | EASTERN DIVISION | Chapter 11 | |
| | 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 . | |
| Kmart Corporation 3100 West Big Beaufy Rd TROY MISSERVER | 02-02474 | NOT SCHEDULED | |
| NOTE. This form should not be used to make a claim for an administrative | expense arising after the commencement of the | Amount | |
| Case: A request for payment of an administrative expense may be filed pursurance of Creditor (The person or other entity to whom the debtor owes money or property). 10 270263: FRANTELLIZZI, KATHLEEN A 23 SHIPMAN RD | antio 1142. S.C.S. 503 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. | NOT SCHEDULED | |
| BINGHAMTON, NY 13903 | the address on the envelope sent to you by the court. | | |
| If address differs from above, please complete the following: | | 10998483 | |
| Creditor Name. | Telephone [.] # | This Space is for Court Use | |
| Address: Dame as a bove City/SvZip: | 607-724-4645 | Only | |
| Account or other number by which creditor identifies debtor: | Check here if | | |
| 1 Basis for Claim | | filed claim, dated | |
| ☐ Goods sold | ☐ Rettree benefits as defined in 11 U.S.C §1114(a)☐ Wages, salaries, and compensation (fill out below) | | |
| ☐ Services performed ☐ Money loaned | Your SS #: Unpaid compensation for services perform | ed | |
| Personal injury/wrongful death Taxes | from to(date) | | |
| 2. Date debt was incurred: March 21,2002 | 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 Check this box if claim includes interest or other charges in addition to the charges. | e principal amount of the claim Attach itemized s | tatement of all interest or additional | |
| □ Check this box if claim includes interest or other charges in addition to the charges ■ Secured Claim. □ Check this box if your claim is secured by collateral (including a right of | e principal amount of the claim. Attach itemized s or in he more mone 6. Unsecured Priority Claim. □ Check this box if you have an unsecured priority. | tatement of all interest or additional | |
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NOTICE

The preceding page is a copy of the creditor's original proof of claim which contains their social security number. This number has been blacked out for privacy reasons. Following is the creditor's original proof of claim showing the creditors social security number.

TRUMBULL SERVICES, LLC

| LINITED STATES DANKDID | CV COUDT | PROOF OF CLAIM | |
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| | | 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 | |
| Kmart Corporation 3100 West Big Beaugh Rel | 02-02474 | NOT SCHEDULED | |
| NOTE: This form should not be used to make a claim for an administrative case. A request for payment of an administrative expense may be filed pursu | expense arising after the commencement of the | Amount | |
| Name of Creditor (The person or other entity to whom the debtor owes money or property). 10 270263: FRANTELLIZZI, KATHLEEN A 23 SHIPMAN RD BINGHAMTON, NY 13903 | 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 | NOT SCHEDULED | |
| If address differs from above, please complete the following: | | 10998483 | |
| Address Same as City/St/Zip | Telephone # 607-724-4645 | This Space is for Court Use Only | |
| Account or other number by which creditor identifies debtor | Check here if | filed claim, dated | |
| 1 Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Other | Rethree benefits as defined in 11 U S C §1 Wages, salaries, and compensation (fill out Your SS # 063-60-92 9 Unpaid compensation for services perform from to (date) (date) | below) | |
| 2. Date debt was incurred: March 21,2002 | 3. If court judgment, date obtained: | | |
| | 5 or 6 below need to 90 a fee principal amount of the claim Attach itemized s will be more worke 6. Unsecured Priority Claim. Check this box if you have an unsecured principal amount entitled to priority \$ | w more times j which tatement of all interest or additional Y. ority claim 50), earned within 90 days before filing | |
| Value of Collateral. \$ | Contributions to an employee benefit plan - | | |
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| 7. Credits: The amount of all payments on this claim has been credited and claim | deducted for the purpose of making this proportion | BULL SERVICES | |
| 8. Supporting Documents: Affach copies of supporting documents, such itemized statements of running accounts, contracts, court judgments, in perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If it documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your and copy of this proof of claim. | as promissory notes, purchase orders, invoices, nortgages, security agreements, and evidence of ne documents are not available, explain if the claim, enclose a stamped, self-addressed envelope |] - a pw 1.10 | |
| Date Sign and print the name and title, is any, of the creditor or copy of power of attorney, if any) 4-3-02 Nathleen 1.— Ivan tellizzi | Kathleen A. Frantellizzi | 15 C 88 152 and 3571 | |

Might shift Supervisor

April 3,2002 To whom it may Concern, I am Sending you a Dummory of all the depts and when and why. In March 19, 2002 I in joud myself litting heavy boxes at my employment. I was waving a back support at the time. I mussed two mights if Work, but I used my personal time for them - in which time I was able to fill out an accident report. In March 21st il Went to see a chiropeactor, and a couple time lefter that, and my chiropeactor and feel a few more times and I should be alught. I am sending, you a summay of The times il went to see the Chiropiactor, as Will as his, coulhe also sent this information into Kongetspelas Company" Cambuelge hs 6. March 21st - 28.00 March 26th 2002 - \$23.00 April 2nd 2002 - 23.00

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