

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

Class
NOT SCHEDULED

Name of Debtor: (see attached for complete list of debtors)
**Kmart Corporation
3100 West Big Beaver Rd
Troy, MI 48064**

Case Number:
02-02474

Amount
NOT SCHEDULED

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).

**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.
 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.

10998483
This Space is for Court Use Only

If address differs from above, please complete the following:
Creditor Name:
Address: **same as above**
City/St/Zip:

Telephone: #
607-724-4645

Account or other number by which creditor identifies debtor:

Check here if 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:
March 21, 2002

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: **\$ 37400 + a of 4-3-02. I still need to go a few more times, which will be more money.**
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 \$ _____
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)
Kathleen A. Frantellizzi / Kathleen A. Frantellizzi

PROOF OF CLAIM
This Space is for Court Use Only
**CC 2809
4/9/02**

Night shift Supervisor

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

**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:

*Kmart Corporation
3100 West Big Beaver Rd
Troy, MI 48064*

02-02474

Class

NOT SCHEDULED

Amount

NOT SCHEDULED

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).

- 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.

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FRANTELLIZZI, KATHLEEN A
23 SHIPMAN RD
BINGHAMTON, NY 13903

10998483

This Space is for Court Use Only

If address differs from above, please complete the following:

Creditor Name

Telephone #

Address

Same as above

607-724-4645

City/State/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 USC § 1114(a)
- Wages, salaries, and compensation (fill out below)
Your SS # *063-60-9297*
Unpaid compensation for services performed from _____ to _____ (date) (date)

2. Date debt was incurred:

March 21, 2002

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ *374.00* + as of 4-3-02. I still

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. *need to go a few more times, which will be more money.*

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 \$ _____

- 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 USC § 507(a)(3)
- Contributions to an employee benefit plan - 11 USC § 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 USC § 507(a)(6)
- Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 USC § 507(a)(7)
- Taxes or penalties owed to governmental units - 11 USC § 507(a)(8)
- Other - Specify applicable paragraph of 11 USC § 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 why. 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

FULL SERVICES

This Space is for Court Use Only

4/9/02 -9 PM 1:10

CC 2809

4/9/02

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)

Kathleen A. Frantellizzi / Kathleen A. Frantellizzi

Night shift Supervisor

April 3, 2002

To Whom it may Concern,

I am sending you a summary of all the depts and when and why.

On March 19, 2002 I injured myself lifting heavy boxes at my employment. I was wearing a back support at the time. I missed two nights of work, but I used my personal time for them - in which time I was able to fill out an accident report.

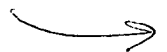
On March 21st I went to see a chiropractor, and a couple time after that, and my chiropractor and I feel a few more times and I should be alright.

I am sending you a summary of the times I went to see the Chiropractor, as well as his card - he also sent this information into "Kopets, Inc. Company" Cambridge Ms. Co. Providence R.I.

March 21st - \$28.00

March 26th 2002 - \$23.00

April 2nd 2002 - 23.00



Next Appointment:
April 16th \$ 23.00 - and a
few more times after that.

If you need to get in touch
with me concerning this issue you
can contact me at 607-724-4645,
after 2:00 P.M. - or you can contact
my personal manager.

Dawn - 607-772-6618

Kmart 3521

33 West State St.

Binghamton, NY 13901

Sincerely,
Kathleen R. Frantellizzi

TELEPHONE (607) 797-8287

DR. PAUL R. LAMAN
CHIROPRACTOR

1327 BURBANK AVENUE JOHNSON CITY, N.Y. 13790-3099

M _____

HAS AN APPOINTMENT FOR

MON. _____ AT _____

TUES. *Palmer 2:30*

WED. _____ AT _____

THURS. _____ AT _____

FRI. _____ AT _____

SAT. _____ AT _____

IF UNABLE TO KEEP THIS APPOINTMENT KINDLY GIVE 24 HOURS NOTICE OTHERWISE CHARGE WILL BE MADE FOR TIME RESERVED