

<b>UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION</b>		<b>PROOF OF CLAIM Chapter 11</b>
<b>In Re: Kmart Corporation, et al.</b>		<b>Case Numbers 02-02462 through 02-02499</b>
<b>Name of Debtor:</b> (see attached for complete list of debtors)	<b>Case Number:</b>	Your claim is scheduled as follows <b>Class</b> UNSECURED NON PRIORITY
<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>		
<b>Name of Creditor</b> (The person or other entity to whom the debtor owes money or property)  STANLEYS FLORAL ARTS ACCOUNTS RECEIVABLE 912 S BROADWAY SANTA MARIA, CA 93454  11 2413470	<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.	<b>Amount</b> \$107 50
<b>If address differs from above, please complete the following:</b>		10576625
<b>Creditor Name</b>	<b>Telephone #</b> 805-922-0567	This Space is for Court Use Only
<b>Address</b>		
<b>City/State/Zip</b>		
<b>Account or other number by which creditor identifies debtor</b> 0000531	Check here if <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____	
<b>1 Basis for Claim</b> <input checked="" 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)	
<b>2. Date debt was incurred:</b>	<b>3. If court judgment, date obtained:</b>	
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ 107.50 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below <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.		
<b>5. Secured Claim.</b> <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 \$ _____	<b>6. Unsecured Priority Claim.</b> <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)( )	
Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		RECEIVED TRUMBULL BANKRUPTCY APR -9 PM 1:18 CC 2810 4/9/02
<b>8. Supporting Documents:</b> 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.		
<b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		
<b>Date</b> 4/5/02	<b>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)</b> Jennifer Dickson Manager JENNIFER DICKSON	
<small><b>Penalty for presenting fraudulent claim</b> Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 152 and 3571</small>		

**STANLEY'S FLORAL ARTS**

912 S. BROADWAY  
SANTA MARIA, CA 93454  
805-922-0567

**INVOICE**

\$ \_\_\_\_\_  
AMOUNT REMITTED

**SOLD TO:**

K-Mart  
2875 Santa Maria Way  
SANTA MARIA, CA 93455

**DELIVERED TO:**

EVE HOITRON  
2338 MONCHERE LN.  
SANTA MARIA, CA

937-6351

ORDER NO: 014577/1  
ACCT. NO: 0000531

ORDER DATE: 12/28/01  
DELIVERY DATE: 12/28/01  
ORDERED BY: ROBERTA

PAYMENT: House  
SALESPERSON: Administrator

COPY NO: 2

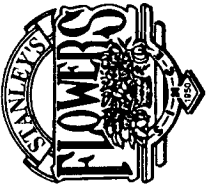
PRODUCT	QUANTITY	PRICE/UT	DISCOUNT	EXTENDED
Delivery Charge	1	5.00		5.00
PINK CARNATIONS, B-B MIXED ARR.	1	35.00		35.00
SUB-TOTAL				40.00
Sales Tax				3.00
<b>TOTAL</b>				<b>43.00</b>

**CREDIT CARD INFORMATION****CARD/OCCASION**

Other

**DESIGNER INSTRUCTIONS**

Delivery Charge  
PINK CARNATIONS, B-B MIXED ARR.



**STANLEY'S FLORAL ARTS**  
 912 S. BROADWAY  
 SANTA MARIA, CA 93454  
 805-922-0567

**INVOICE**

\$ \_\_\_\_\_ AMOUNT REMITTED

**SOLD TO:**  
 K-Mart  
 2875 Santa Maria Way  
 SANTA MARIA, CA 93455

**DELIVERED TO:**  
 Tina Hampton  
 4183 Harmony Ln.  
 SANTA MARIA, CA

937-6351

**ORDER NO:** 012784/1  
**ACCT. NO:** 0000531

**ORDER DATE:** 10/29/01  
**DELIVERY DATE:** 10/29/01  
**ORDERED BY:** Mary

**PAYMENT:** House  
**SALESPERSON:** Administrator

**COPY NO:** 2

PRODUCT	QUANTITY	PRICE/UT	DISCOUNT	EXTENDED
Delivery Charge	1	5.00		5.00
ARRANGEMENT	1	25.00		25.00
<b>SUB-TOTAL</b>				30.00
Sales Tax				2.25
<b>TOTAL</b>				<b>32.25</b>

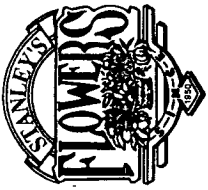
**CREDIT CARD INFORMATION**

**CARD/OCCASION**  
 Other

**DESIGNER INSTRUCTIONS**  
 Delivery Charge  
 ARRANGEMENT

**ORDER NO:** Tina Hampton  
 012784/1 of 1  
**DELIVERY ZONE:** 4183 Harmony Ln.  
**DELIVERY** SANTA MARIA, CA

**DELIVERY DATE:** 10/29/01



**STANLEY'S FLORAL ARTS**  
 912 S. BROADWAY  
 SANTA MARIA, CA 93454  
 805-922-0567

**INVOICE**

\$ \_\_\_\_\_ AMOUNT REMITTED

**SOLD TO:**  
 K-Mart  
 2875 Santa Maria Way  
 SANTA MARIA, CA 93455

**DELIVERED TO:**  
 Norma Hansen  
 1725 Colorado St.  
 SANTA MARIA, CA

937-6351

**ORDER NO:** 012783/1  
**ACCT. NO:** 0000531

**ORDER DATE:** 10/29/01  
**DELIVERY DATE:** 10/29/01  
**ORDERED BY:** Mary

**PAYMENT:** House  
**SALESPERSON:** Administrator

**COPY NO:** 2

PRODUCT	QUANTITY	PRICE/UT	DISCOUNT	EXTENDED
Delivery Charge	1	5.00		5.00
Arrangement	1	25.00		25.00
<b>SUB-TOTAL</b>				<b>30.00</b>
Sales Tax				2.25
<b>TOTAL</b>				<b>32.25</b>

**CREDIT CARD INFORMATION**

**CARD/OCCASION**  
 Other

**DESIGNER INSTRUCTIONS**  
 Delivery Charge  
 Arrangement

**ORDER NO:** 012783/1 of 1  
**DELIVERY NO:** 1  
**DELIVERY DATE:** 10/29/01  
**DELIVERY ZONE:** 1725 Colorado St.  
**DELIVERY:** SANTA MARIA, CA



**STANLEY'S FLORAL ARTS**

912 S. BROADWAY  
SANTA MARIA, CA 93454  
805-922-0567

**K-Mart**

2875 Santa Maria Way  
SANTA MARIA, CA 93455

937-6351

STATEMENT DATE	ACCOUNT NO.
04/01/2002	0000531
PLEASE INDICATE AMOUNT PAID:	\$

PLEASE DETACH AND REMIT WITH PAYMENT

ACCOUNT NO.  
0000531

SECRETARIE'S WEEK BEGINS April 22nd PLACE YOUR ORDER EARLY

DATE	INV. NO./DESCRIPTION	PRODUCT AMOUNT	SERVICE CHARGE	RELAY CHARGE	DELIVERY CHARGE	Sales Tax	CREDITS	DUE ON ACCOUNT	BALANCE
03/01/2002	020035/1 Balance Forward	107.50						107.50	107.50

0.00	0.00	0.00	107.50	107.50
CURRENT	30 DAYS PAST DUE	60 DAYS PAST DUE	OVER 90 DAYS	PLEASE PAY THIS AMOUNT



NET 30 DAYS

Stanley's Floral Arts • 912 S. Broadway • Santa Maria, California 93454 • 805-922-0567

STANLEY'S FLORAL ARTS