UNITED STATES BANKRUPT	CY COURT	PROOF OF CLAIM
NORTHERN DISTRICT OF ILLINOIS, I		Chapter 11
The annual content of the content of	Case:Numbers 02-02462/through 12-02-02499	Your claim is scheduled as follows
Name of Debtor: (see attached for complete list of debtors)	Case Number:	Class
KMART Corporation 1	02-02474	UNSECURED NON PRIORITY
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 pursua	expense ansing after the commencement of the national U.S.C. \$503	Amount
Name of Creditor (The person or other entity to whom the debtor owes money or property) 11 2335323 TOPS ELECTRONIC SERVICE INC ACCOUNTS RECEIVABLE 105 WARD HILL AVE HAVERHILL, MA 01835	☐ 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.	\$205 00
If address differs from above, please complete the following:		10560916
Address City/St/Zip	Telephone #	This Space is for Court Use Only
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	Retiree benefits as defined in 11 U S C §1 Wages, salaries, and compensation (fill out Your SS # Unpaid compensation for services perform from	below)
2. Date debt was incurred: See Hachment	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 5 Check this box if claim includes interest or other charges in addition to the charges	principal amount of the claim Attach itemized s	tatement of all interest or additional
5. Secured Claim. Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral Real Estate	6. Unsecured Priority Claim. Check this box if you have an unsecured pri Amount entitled to priority \$	50), earned within 90 days before filing e debtor's business, whichever is earlier -
Amount of arrearage and other charges at time case filed included in secured claim, if any \$	□ Up to \$-2,100 of deposits toward purchase, personal, family, or household use - 11 U S □ Alimony, maintenance, or support owed to a U S C § 507(a)(7) □ Taxes or penalties owed to governmental un □ Other – Specify applicable paragraph of 11	lease, or rental-of-property or services for C § 507(a)(6) a spouse, former spouse, or child - 11 uts - 11 U S C § 507(a)(8)
7. Credits: The amount of all payments on this claim has been credited and diclaim 8. Supporting Documents: Attach copies of supporting documents, such a itemized statements of running accounts, contracts, court judgments, mo perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are voluminous, attach a summary 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim copy of this proof of claim	RUM s promissory notes, purchase orders, invoices, rigages, security agreements, and evidence of documents are not available, explaint II fills aim, enclose a stamped, self-addressed envelope	NICRUPTOY
Date Sign and print the name and tute if any, of the creditor or of copy of power of attorney any Copy of power of attorney any Penalty for presenting frauduledt claim. Fine of up to \$500,00	3 mett Cantivoller	'[

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WARRANTY BILLING ORIGINAL

SU#/CH#/SU# MAP	LOC HOME COUNTE	STORE DATE I	AKEN DT	DAY DATE	TIME	A M
LABOR WARRANTY Ref# 043038 RCA/THOMSO	PART WARR	ANTY X	O WARRANTY		ssories and cond	OITION OF SET
CLIENT LAST NAME Kmart 7238	FIRST N	AME		NUMBER	7531	
ADDRESS					'5	iR
	TATE ZIP	AREA CODE	PHONE #		MODEL NUMBER 61-5	
Hadley, MA 010	35 		MFG DEFECT CODE		SERIAL NUMBER	
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				- MONTH ST	OCK	YEAR '
SELLING DEALER NAME K MART HADLEY, 1	MA	HADLE	Y	DATE:	SERVICE REQUESTE) / 0°4 / 01~	ED YEAR
SERVICE PERFORMED (CHECK AND DESCRIB ADJUSTMENTS LOO OR ALIGNMENTS CON	· _	MFG SVC CODE	DATE	SERVICE COMPLETE -/-01-/-01-	ED YEAR	
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ACKNOWLEDGEMENT: I CERTIFY THAT MANUFACTURER'S WARRANTY OR DEALER	REPAIRS TO THE ABOVE LISTE SERVICE CONTRACT PROVIDIN	D PRODUCT, FOR WHICH CL 3 FOR LABOR AND/OR PART:	AIM IS MADE UNDER S. IS SATISFACTORY	OTHER	Andrews Management]
I UNDERSTAND THAT IF NO WARRANTY IS PAYMENT OF THAT PORTION NOT COVERED ON THE MEDICAL PROPERTY.	O ME FOR THAT PORTION UNDER APPLICABLE, FOR ANY REASON DBY WARRANTY I AGREE THAT A	R CLAIM OF WARRANTY N, IN WHOLE OR PART, I AM A REPAIRMEN'S LIEN IS HERE	I RESPONSIBLE FOR BY ACKNOWLEDGED	REMOVAL AND REINSTALLATION		1
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TOPS ELECTRONI	C SERVICE		·	TOTAL CHARGE		<u> </u>
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TOPS ELECTRONI	C SERVICE AVENUE 01835	AC LEAKAGE HV / MW READING	•	ROA	25.	00

İ	SO#/CR#/SC#	MAP	LOC	HOME	COUNTER	STORE	DATE	TAKEN	BY	A	DULED FOR			
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38	39 Main St											DDEL NUMBER		
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	NG DEALER NAME MART MADAV	VASK.	A, M	E		Cr	™ MADAW	ASKA			DATE SE	721 / 01	D YEAR	ekyan aki ekkan sah
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-RI	TURNED-UNI	REPA	IRED							Arter se parameter s	TYPE OF	PRODUCT SERVIC		
-DI	MAGED-BEY	OND-	REPA	IRED				· · · · · · · · · · · · · · · · · · ·			VCF	2 -2		
								***************************************			CHECK	REPAIR CATEGOR	NT INT	MAJOR
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PART F	PURCHASED ON INVOICE #				REP	LACE	CF	EDIT	-	ON SITE SEF	RVICE			
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ADVICE FOR UNPAID DEPOSITED ITEMS

ACCT. NO. 65300011437-0

KG30010210-325 OFFICE/BRANCH:

DIRECT ACCOUNT TYPE: REGULAR DDA 9554/9554

THE FOLLOWING ITEMS HAVE BEEN RETURNED.

ITEMS: AMOUNT: WE ARE CHARGING YOUR ACCOUNT FOR ITEMS

RETURNED UNPAID AS LISTED BELOW AND ASSESSED A RETURN ITEM HANDLING FEE.

Reason: REFER TO ITEM

TOTAL:

\$50.00

TOPS ELECTRONICS SERVICES INC 105 WARD HILL AVE

HAVERHILL MA 01835-6928

SOVEREIGN NEW ENGLAND PO BOX 841002 BOSTON MA 02284

1-877-768-2265