

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE**

**PROOF OF CLAIM**

Name of Debtor: **Kmart Corporation**

Case Number:

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)  
**Pearlstone Distributors Inc**  
 Name and Address where notices should be sent  
**Pearlstone Distributors Inc**  
**PO Box 72301**  
**Charleston SC 29415**  
 Telephone # **843 554-1022**

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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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 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:** **01/18/02**

**3. If court judgment, date obtained:**

**4. Total Amount of Claim at Time Case Filed:** \$ **3207.83**

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 **Returned ck#446359 dated 01/18/02**  
 Value of Collateral \$ **3207.83**  
**for Alcoholic Beverages**  
 Amount of arrearage and other charges at time case filed included in secured claim, if any \$ **0**

**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 \$4,300)\* 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 \$ 1,950\* 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)( )  
 \*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

**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

This Space is for Court Use Only

RECEIVED  
 TRUMBULL SERVICES  
 BANKRUPTCY

2002 APR -9 AM 11:23

Date: **4/02/02**

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):  
**Sandra M Rochester Acct Rec**

AT 2856  
 4/9/02

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

## INSTRUCTIONS FOR PROOF OF CLAIM FORM

*The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, there may be exceptions to these general rules.*

### DEFINITIONS

#### **Debtor**

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

#### **Creditor**

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

#### **Proof of Claim**

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the clerk of the bankruptcy court where the bankruptcy case was filed.

#### **Secured Claim**

A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property.

Examples of liens are a mortgage on real estate and a security interest in a car, truck, boat, television set, or other item of property. A lien may have been obtained through a court proceeding before the bankruptcy case began; in some states a court judgment is a lien. In addition, to the extent a creditor also owes money to the debtor (has a right of setoff), the creditor's claim may be a secured claim. (See also Unsecured Claim)

#### **Unsecured Claim**

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

#### **Unsecured Priority Claim**

Certain types of unsecured claims are given priority, so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as *Unsecured Nonpriority Claims*.

### Items to be completed in Proof of Claim form (if not already filled in)

#### **Court, Name of Debtor, and Case Number:**

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the court, all of this information is near the top of the notice.

#### **Information about Creditor:**

Complete the section giving the name, address, and telephone number of the creditor to whom the debtor owes money or property, and the debtor's account number, if any. If anyone else has already filed a proof of claim relating to this debt, if you never received notices from the bankruptcy court about this case, if your address differs from that to which the court sent notice, or if this proof of claim replaces or changes a proof of claim that was already filed, check the appropriate box on the form.

#### **1. Basis for Claim:**

Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the debtor, fill in your social security number and the dates of work for which you were not paid.

#### **2. Date Debt Incurred:**

Fill in the date when the debt first was owed by the debtor.

#### **3. Court Judgments:**

If you have a court judgment for this debt, state the date the court entered the judgment.

#### **4. Total Amount of Claim at Time Case Filed:**

Fill in the total amount of the entire claim. If interest or other charges in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.

#### **5. Secured Claim:**

Check the appropriate place if the claim is a secured claim. You must state the type and value of property that is collateral for the claim, attach copies of the documentation of your lien, and state the amount past due on the claim as of the date the bankruptcy case was filed. A claim may be partly secured and partly unsecured. (See DEFINITIONS, above)

#### **6. Unsecured Priority Claim:**

Check the appropriate place if you have an unsecured priority claim, and state the amount entitled to priority. (See DEFINITIONS, above) A claim may be partly priority and partly nonpriority if, for example, the claim is for more than the amount given priority by the law. Check the appropriate place to specify the type of priority claim.

#### **7. Credits:**

By signing this proof of claim, you are stating under oath that in calculating the amount of your claim you have given the debtor credit for all payments received from the debtor.

#### **8. Supporting Documents:**

You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not available, you must attach an explanation of why they are not available.

WARNING: MICRO TYPE PRINTING MUST BE APPARENT IN SIGNATURE LINE

Kmart Corporation  
3100 W BIG BEAVER Rd  
Troy MI 48084-3163



053000196  
446359

74-478  
724

PAY Three Thousand Two hundred Seven and 83/100 DOLLARS

CHECK  
AMOUNT

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NO
1-18-02	Pearlstine	Beer invoice	446359

\$ 3207.83

VOID AFTER SIX MONTHS

433510328 155 0427 31 01-23-02

PAYMENT STOPPED

*Charles Droz*  
Authorized Signer

COMERICA BANK & TRUST, N.A

WARNING: Original document has an artificial watermark on reverse side.

⑈00446359⑈ ⑆072404786⑆ 2176959100⑈

⑈0000320783⑈

0720002  
0302126831  
0302126831  
0302126831  
PEARLSTINE  
CUST.#  
FOR DEPOSIT  
20-0029-0  
-23-02  
13 1874 10 012302

JAN 2

FOR DEPOSIT  
PEARLSTINE  
CUST.#  
9048

FOR DEPOSIT  
( )  
DISTRIBUTORS, INC.

433510328 01-23-02

BANK OF AMERICA CAR  
#0530001964 E7353 90 P14  
01/22/02

0530001964

091000022 01252002 7664  
S/T 131 ID 90 PKT 3  
acct 04025101150150

⑈0000000000⑈

FOR DEPOSIT  
( )  
DISTRIBUTORS, INC.  
735-74  
44074



**SALES INVOICE**

Expect Nothing Less	Pearlstone Distributors Inc.	Be a Partner
Than	P. O. Box 72301	In The Solution
The Best	Charleston, SC 29415	" Recycle "
	Telephone: (803) 554 - 1022	

K-MART SUPER CENTER #4953

Account #: 72591

License #: 78012143

0751 RIVERS AVENUE  
N. CHARLESTON, SC 29418

SALES REPRESENTATIVE	ROUTE #	REPORT DATE	TIME	INVOICE #	COPY#	PAGE#
DON WESTLAND	48	FRI 01/18/02	03:48	252347	1	2

ITEM #	UPC #	DESCRIPTION	QTY	R	PRICE	PROMOS	AMOUNT
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	247				0.00		\$ 3231.81
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Sales Total	\$ 3231.81
Credit Total	\$ 0.00
Deposit Total	\$ 0.00

Invoice Net \$ 3231.81

Payment Amount \$ 3231.81

Payment Type CHECK  
Check # 0

Today's Code Date: 17

X  
K-MART SUPER CENTER #4953 01/18/02

X  
Driver 01/18/02



**SALES INVOICE**

Expect Nothing Less	Pearlstone Distributors Inc.	Be a Partner
Than	P. O. Box 71301	In The Solution
The Best	Charleston, SC 29415	"Recycle"
	Telephone: (803) 554 - 1022	

K-MART SUPER CENTER #4953  
Account #: 71591

License #: 78012143

1751 RIVERS AVENUE  
N. CHARLESTON, SC 29418

SALES REPRESENTATIVE	ROUTE #	REPORT DATE	TIME	INVOICE #	COPY#	PAGE#
DOIN WESTLAND	48	FRI 01/18/02	03:48	252347	1	1

ITEM #	UPC #	DESCRIPTION	QTY	R	PRICE	PROMOS	AMOUNT
000353	07289000011	HEIN 6PK NR 12 OZ	2		24.90		49.80
001118	01820011218	BUD 18PK CAN 12OZ	20		10.42		208.40
001134	01820000016	BUD 6PK CAN 12OZ	4		16.12		64.48
001143	01820000018	BUD 6PK CAN 16OZ	1		19.86		19.86
001146	01820011047	BUD 12PK CAN 12OZ	10		14.52		145.20
001164	01820000834	BUD 6PK LNNR 12OZ	3		16.53		49.59
001168	01820011168	BUD 24PK CAN 12OZ	28		14.08		394.24
001376	07289000016	HEIN 12PK NR 12OZ	4		24.00		96.00
001519	01820000953	NATURAL 6PK NR 12OZ	2		11.79		23.58
001534	01820000031	NATURAL 6PK CAN 12OZ	3		11.79		35.37
001540	01820015047	NATURAL 12PK CAN 12O	14		10.90		152.60
001550	01820000842	NATURAL 12PK NR 12OZ	9		10.90		98.10
001568	01820015168	NATURAL 24PK CAN 12O	14		10.90		152.60
002950	01820003924	TEQUILA 2/12 NR 12 O	2		19.15		38.30
004170	01820000987	MICH 6PK NR 12OZ	3		17.05		51.15
004173	01820000891	MICH 12PK NR 12OZ	4		15.44		61.76
004310	01820043218	MICH LT 18PK CAN 12O	3		10.72		32.16
004370	01820000954	MICH LT 6PK NR 12OZ	3		17.05		51.15
004373	01820000834	MICH LT 12PK NR 12OZ	14		15.44		216.16
005418	01820053218	BUD LT 18PK CAN 12OZ	20		10.42		208.40
005434	01820000106	BUD LT 6PK CAN 12OZ	2		16.12		32.24
005446	01820053047	BUD LT 12PK CAN 12OZ	10		14.52		145.20
005464	01820000833	BUD LT 6PK LNNR 12OZ	3		16.53		49.59
005468	01820053168	BUD LT 24PK CAN 12OZ	28		14.08		394.24
006134	01820000051	BUSCH 6PK CAN 12OZ	1		12.35		12.35
006150	01820000906	BUSCH 12PK NR 12OZ	2		10.90		21.80
006162	01820061163	BUSCH 24PK CAN 12OZ	7		10.90		76.30
006446	01820000801	BUSCH LT 12PK CAN 12	7		10.90		76.30
006668	01820096167	BUSCH LT 24PK CAN 12	21		10.90		228.90
009646	01820000964	NAT ICE 12PK CAN 12	2		10.90		21.80
042641	08248812356	BECK DR 6PK LNNR 12	1		23.90		23.90

( continued )



**SALES INVOICE**

Expect Nothing Less	Poolshine Distributors Inc.	Be a Partner
Than	P. O. Box 71301	In the Solution
The Best	Charleston, SC 29415	♪ Recycle ♪
	Telephone: (803) 554 1022	

**K-MART SUPER CENTER #4953**  
 Amount #: 72591

License #: 7B012143

3751 RIVERS AVENUE  
 N. CHARLESTON, SC 29418

SALES REPRESENTATIVE	ROUTE #	REPORT DATE	TIME	INVOICE #	COPY#	PAGE#
DON WESTLAND	48	FRI 01/18/02	05:44	648373	1	1

ITEM #	UPC #	DESCRIPTION	QTY	R	PRICE	PROMOS	AMOUNT
042641	082488312356	BECF DRF 6PF LNDR L2	-1	L	23.98		-23.98
			0			0.00	\$ -23.98

Credit Subtotal	\$ -23.98
Total Tax Adjustment	\$ 0.00
Deposit	0.00

**CREDIT TOTAL - \$ 23.98**

Today's Code Date: 17

Cash paid \$ -23.98

X \_\_\_\_\_  
 K-MART SUPER CENTER #4953 01/18/02

X \_\_\_\_\_  
 Driver 01/18/02