

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
Name of Debtor: (see attached for complete list of debtors)	Case Number:	Your claim is scheduled as follows. Class <div style="text-align: center; font-size: 1.2em;">NOT SCHEDULED</div> Amount <div style="text-align: center; font-size: 1.2em;">NOT SCHEDULED</div> <div style="text-align: center; font-size: 1.2em;">11750174</div> This Space is for Court Use Only
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): <div style="text-align: right; padding-right: 50px;">09 3476373</div> <div style="text-align: center;"> REMSEN, DOROTHY 2404 GRIFFIN CT OCOEE, FL 34761 </div>	<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	
If address differs from above, please complete the following: Creditor Name: _____ Telephone # _____ Address _____ City/St/Zip: _____		
Account or other number by which creditor identifies debtor.	Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated _____	
1. Basis for Claim <input 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 SSN: [REDACTED] Unpaid compensation for services performed from _____ to _____ (date) (date) <i>Don't remember the dates</i>
2. Date debt was incurred:	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 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.		
5. Secured Claim <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: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	6. Unsecured Priority Claim. <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)()	
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 <div style="text-align: center; border: 1px solid black; padding: 5px;"> RECEIVED TRUMBULL SERVICES BANKRUPTCY </div> <div style="text-align: right; font-size: 1.2em;"> 02 APR -9 AM 11:29 2859 4/9/02 </div>
Date 4/5/02	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): <div style="text-align: center;"> <i>Dorothy L Remsen</i> </div>	
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.		

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: Class <p style="text-align: center; font-weight: bold;">NOT SCHEDULED</p> Amount <p style="text-align: center; font-weight: bold;">NOT SCHEDULED</p> <p style="text-align: right; font-weight: bold;">11750174</p>
Name of Debtor: (see attached for complete list of debtors)		Case Number:
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Name of Creditor (The person or other entity to whom the debtor owes money or property). <div style="text-align: right;">09 3476373</div> <div style="text-align: center;"> REMSEN, DOROTHY 2404 GRIFFIN CT OCOEE, FL 34761 </div>	<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.	<p style="text-align: right; font-weight: bold;">11750174</p>
If address differs from above, please complete the following: Creditor Name: _____ Telephone: # _____ Address: _____ City/St/Zip: _____		<p style="text-align: center;">This Space is for Court Use Only</p>
Account or other number by which creditor identifies debtor: _____	<input type="checkbox"/> Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____	
1. Basis for Claim <input 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 # <u>068-22-5666</u> Unpaid compensation for services performed from _____ to _____ <div style="text-align: center;">(date) (date)</div> <div style="text-align: right; font-style: italic;">Don't remember the dates</div>	
2. Date debt was incurred: _____	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 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.		
5. Secured Claim <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 \$ _____	6. Unsecured Priority Claim <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: \$ _____		
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.		<div style="text-align: center;"> RECEIVED TRUMBULL SERVICE COURT BANKRUPTCY 2002 APR -9 AM 11:29 </div>
Date <div style="font-size: 1.5em;">4/5/02</div>	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). <div style="font-family: cursive; font-size: 1.2em;">Dorothy L Remsen</div>	
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		

2859

4/9/02

**LIST OF DEBTORS, CASE NUMBERS AND TAX
IDENTIFICATION NUMBERS:**

DEBTOR	CASE NUMBER	TAX ID NUMBER
KMART CORPORATION OF ILLINOIS, INC	02-02462	37-0916029
KMART OF INDIANA	02-02463	38-3413374
KMART OF PENNSYLVANIA LP	02-02464	38-3469157
KMART OF NORTH CAROLINA LLC	02-02465	38-3469154
KMART OF TEXAS L P	02-02466	38-3469160
BLUFLIGHT.COM,LLC	02-02467	77-0529022
BIG BEAVER OF FLORIDA DEVELOPMENT, LLC	02-02468	38-0729500
THE COOLIDGE GROUP, LLC N/K/A TC GROUP I LLC	02-02469	38-2332504
KMART MICHIGAN PROPERTY SERVICES, L L C	02-02470	38-3384536
KMART FINANCING I	02-02471	38-6667809
TROY CMBS PROPERTY, L L C	02-02472	38-3334610
BIG BEAVER DEVELOPMENT CORPORATION	02-02473	38-2834722
KMART CORPORATION	02-02474	38-0729500
BIG BEAVER OF GUAYNABO DEVELOPMENT CORPORATION	02-02475	38-3225644
BIG BEAVER OF CAUGUS DEVELOPMENT CORPORATION	02-02476	38-3053789
BLUELIGHT.COM, INC	02-02477	77-0527034
KMART HOLDINGS, INC	02-02478	38-3293882
KMART OF AMSTERDAM, NY DISTRIBUTION CENTER INC	02-02479	38-3626487
KMART STORES OF INDIANA, INC	02-02480	38-2831604
KMART OF MICHIGAN, INC	02-02481	38-3551696
KMART STORES OF TNCP, INC	02-02482	38-2305127
KMART OVERSEAS CORPORATION	02-02483	31-0972999
JAF, INC	02-02484	38-2970528
VTA, INC	02-02485	51-0331035
BIG BEAVER OF CAGUAS DEVELOPMENT CORP II	02-02486	38-3175257
BIG BEAVER OF CAROLINA DEVELOPMENT CORPORATION	02-02487	38-3175256
K MART PHARMACIES, INC	02-02488	38-1978255
BUILDERS SQUARE, INC	02-02489	74-2259917
K MART INTERNATIONAL SERVICES, INC	02-02490	38-2331210
SOURCING & TECHNICAL SERVICES INC	02-02491	22-3004708
KMART PHARMACIES OF MINNESOTA, INC	02-02492	38-3351987
STI MERCHANDISING, INC	02-02493	38-2760188
KMART CMBS FINANCING, INC	02-02494	38-3334553
KLC, INC	02-02495	75-2490839
PMB, INC	02-02496	75-1371063
ILJ, INC	02-02497	92-0132179
KBL HOLDING INC	02-02498	26-0031295
S F P R, INC	02-02499	N/A

I received a letter a few weeks ago from Kmart letting me know that the bankruptcy would not affect me. So what gives?

Dorothy L Remsen



DOROTHY L REMSEN

068-22-5666



Kmart Corporation

IF YOUR PENSION CHECK IS LOST: Please do not call to report a missing pension check until at least the 7th of the month. Report a lost check on or after the 7th by calling 1-800-33KMART.

ADDRESS CHANGE: See other side. Please use the Address Change portion of your check if your address changes. In general, an address change must reach our office by the 15th of the month to be changed for your next check.



Kmart Corporation

Payee
DOROTHY L REMSEN

Soc. Sec. No.
068-22-5666

Check Date
04/01/02

Check No.
0006286602

Payment For Month of	Gross Amount	Federal Deduction	State Deduction	Total Deduction	Net Payment
04/01/02	38.41	0.00	0.00	0.00	38.41

PENSION BENEFIT PAYMENT

DOROTHY L REMSEN
2404 GRIFFIN CT
OCOE FL 34761

Withholding Exemptions Claimed

Federal 001 SINGLE
State 000

NON-NEGOTIABLE

THIS SECTION IS NOT A CHECK

DETACH CHECK ALONG PERFORATION