FORM B10 (Official Form 10) 4011025

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
UNSECURED NON PRIORITY
Amount
$653 01

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)

11 2295604

CITY ELECTRIC
206 S BEATON
CORSICANA, TX 75110

☐ 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

10569842

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If address differs from above, please complete the following:
Creditor Name LYNCH ENterprises -- dba - CITY ELECTRIC Telephone # 903-872-2742
Address Same
City/St/Zip Same

Account or other number by which creditor identifies debtor
Store # 4919 - Corsicana, TX 75110

Check here if this claim ☐ 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 1-04-02 (date) to 1-04-02 (date)

2. Date debt was incurred: 1-4-02

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 585.35
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)(__)
Services Preformed

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.

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RECEIVED
TRUMBULL SERVICES
BANKRUPTCY
02 APR -9 AM 11: 33

Date	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)
4-04-02	Phyllis Lynch Sec.-Treasurer Phyllis Lynch Secretary-Treasurer

AT 2862 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

Bar Lamps

SERVICE INVOICE

16039

City Electric

206 South Beaton
Corsicana, Texas 75110
(903) 872-2742

BILL TO: SUPER K-MART STORE #4919
3621 WEST HWY. 31
CORSICANA, TEXAS 75110

JOB LOCATION: DUNS/VENDOR# 589812; 12-20-01; Per June; Check short in steam table & clear short; Order sockets & lamps for kindle; 01-02-02; Replaced bad sockets steam table; got lights by grill going; replaced bad fix in veg table.

TERMS NET 10 DAYS A FINANCE CHARGE OF 1½% PER MONTH (ANNUAL RATE OF 18%) WILL BE CHARGED ON BALANCES OVER 30 DAYS

DATE	SOLD BY	☐ CASH	☐ C.O.D.	☒ CHARGES	☐ MERCHANDISE RETURNED
01-04-02					

QUANTITY	DESCRIPTION	PRICE	AMOUNT
10	LEV 10085 KEYLESS LAMPHOLDER	4. 88	48. 80
10	125 WATT HEAT LAMP	6. 98	69. 80
2	WESTEK SL20LB	7. 03	14. 06
2	LEV 6681 SP STD DIMMER	7. 29	14. 58

ELECTRICAL @ $62.50 (elect. & helper)
12-20-01 2 men 2 hrs. $125.00
01-02-02 2 men 5 hrs. $312.50

MATERIAL	103. 24
SALES TAX	44. 61
TOTAL	
L S POWER UNIT	
LABOR	437. 50
TOTAL AMOUNT	$585. 35

PLEASE PAY FROM THIS INVOICE. NO OTHER STATEMENT WILL BE RENDERED

Corsicana Graphics 903 872-5922