FORM B10 (Official Form 10) 4003900

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)
K-MART OF NORTH CAROLINA, LLC

Case Number:
02-02465

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 2293358

BIGGERS THREE PRODUCE INC
ACCOUNTS RECEIVABLE
10810 WITHERS COVE PK DRIVE
CHARLOTTE, NC 28278

☐ 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.

Your claim is scheduled as follows:
Class: UNSECURED NON PRIORITY
Amount: $253.50

If address differs from above, please complete the following:
Creditor Name: BIGGERS III PRODUCE, INC.
Address: 10810 WITHERS COVE PARK DR.
City/St/Zip: CHARLOTTE NC 28278
Telephone #704-583-9974

10570257

This Space is for Court Use Only

Account or other number by which creditor identifies debtor:

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 (date) to (date)

2. Date debt was incurred: [redacted] 12/29/01

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 253.50
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)( )

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.

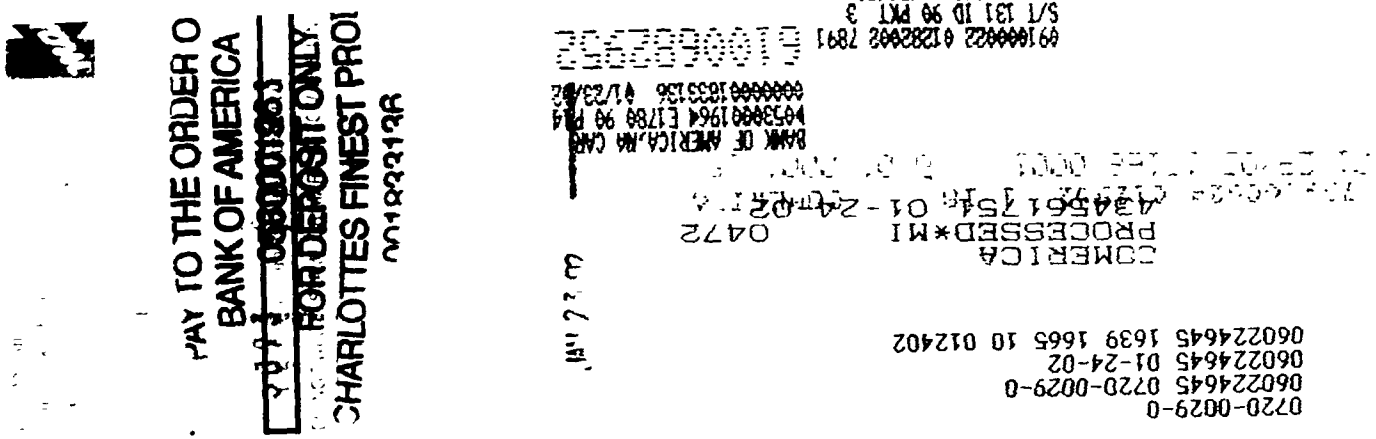
This Space is for Court Use Only

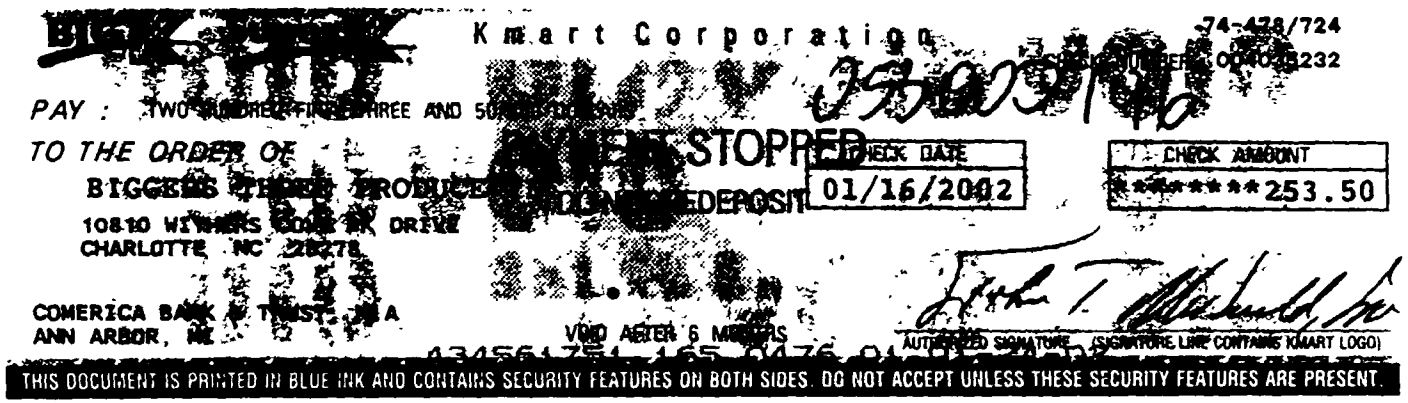
RECEIVED
TRUMBULL SERVICES COMPANY
APR 2002
4/9/02
BANKRUPTCY
2896
P.O.

Date: 4.4.02

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)
Rick Miller RICK MILLER

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.


PAY TO THE ORDER O
BANK OF AMERICA
FOR DEPOSIT ONLY
CHARLOTTES FINEST PRO
COMERICA
PROCESSED*MI 0472
0720-0029-0
060224645 0720-0029-0
060224645 01-24-02
060224645 1639 1665 10 012402


Kmart Corporation
74-428/724
PAY :
TO THE ORDER OF
BIGGERS TIRE PRODUCTS
10810 WINNERS CIRCLE DRIVE
CHARLOTTE NC 28278
COMERICA BANK & TRUST, N.A.
ANN ARBOR, MI
VOID AFTER 6 MONTHS
CHECK DATE
01/16/2002
CHECK AMOUNT
*******253.50
AUTHORIZED SIGNATURE (SIGNATURE LINE CONTAINS KMART LOGO)
THIS DOCUMENT IS PRINTED IN BLUE INK AND CONTAINS SECURITY FEATURES ON BOTH SIDES. DO NOT ACCEPT UNLESS THESE SECURITY FEATURES ARE PRESENT.