

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:

Name of Debtor: (see attached for complete list of debtors)

Case Number:

Class

UNSECURED NON PRIORITY

Amount

~~\$31.73~~

\$263.53

10566839

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NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the bankruptcy case. Administrative expenses 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 2311108

GREEN THUMB FLORAL
1583 MADISON AVE
WOOSTER, OH 44691

- 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.

If address differs from above, please complete the following:

Creditor Name:

Telephone: # **330-264-4011**

Address:

City/ST/Zip:

Account or other number by which creditor identifies debtor:

KMARSU & KMART4

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:

Sept. 2001 Thru Jan. 11, 2002

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 263.53

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.

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RECEIVED
TRUMBULL SERVICES
BANKRUPTCY

2002 APR -9 PM 12:00

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):

Mary F. Metz, Acc. Rec. Mgr. Mary F Metz, Acc Rec. Mgr.

HA 2926 4/9/02

Remit To: GREEN THUMB FLORAL & GIFTS
1583 MADISON AVE
, 44691

INVOICE

(330) 264-4011

Invoice No.: 036917
Invoice Date: 09/27/01
Your Customer ID: KMARSU

Sold SUPER K-MART #4764
To ATTN MARIA
4440 MEDINA RD
AKRON, OH 44333

Delv DON BRAGG
To NEWCOMER FARLEY FH
131 CANTON RD
AKRON, OH

Merchandise	Quantity	Price
FRESH ARRNG	1	25.00
Enclosure Card Message: WITH DEEPEST SYMPATHY LOVE YOUR FRIENDS FROM MONTROSE SUPER-K		
	Delivery Charge	5.00
	Service Charge	3.00
	Sub Total	33.00
	Sales Tax	1.73
	TOTAL	34.73

PLEASE NOTE YOUR CUSTOMER ID: [KMARSU] ON YOUR REMITTANCE

Remit To: GREEN THUMB FLORAL & GIFTS
1583 MADISON AVE
, 44691

INVOICE

(330) 264-4011

Invoice No.: 038309
Invoice Date: 11/03/01
Your Customer ID: KMARSU

Sold SUPER K-MART #4764
To ATTN MARIA
4440 MEDINA RD
AKRON, OH 44333

Delv MINA MORRIS
To HENNESY MAGNOLIA
339 S. W. AVE
TALMADGE, OH

Merchandise	Quantity	Price
FRESH ARRNG	1	35.00
Enclosure Card Message: WITH DEEPEST SYMPATHY FROM K-MART 4764		
	Delivery Charge	5.00
	Service Charge	3.00
	Sub Total	43.00
	Sales Tax	2.30
	TOTAL	45.30

PLEASE NOTE YOUR CUSTOMER ID: [KMARSU] ON YOUR REMITTANCE

Remit To: GREEN THUMB FLORAL & GIFTS
 1583 MADISON AVE
 , 44691
 (330) 264-4011

INVOICE

Invoice No.: 038312
 Invoice Date: 11/06/01
 Your Customer ID: KMARSU

Sold SUPER K-MART #4764
 To ATTN MARIA
 4440 MEDINA RD
 AKRON, OH 44333

Delv JANICE MORRIS
 To HOPKINS-LAEVER F.H.
 AKRON, OH

Order Date: 11/03/01 | Ordered By/PO: MARIA | Payment Due
 Delv Date: 11/06/01 | Sales Clerk: SCG | On Receipt

Merchandise

FRESH ARRNG

Quantity	Price
1	45.00

Enclosure Card Message:
 WITH DEEPEST SYMPATHY
 FROM K-MART 4764

Delivery Charge	5.00
Service Charge	3.00
Sub Total	53.00
Sales Tax	2.88
TOTAL	55.88

PLEASE NOTE YOUR CUSTOMER ID: [KMARSU] ON YOUR REMITTANCE

Remit To: GREEN THUMB FLORAL & GIFTS
 1583 MADISON AVE
 , 44691
 (330) 264-4011

INVOICE

Invoice No.: 038402
 Invoice Date: 11/07/01
 Your Customer ID: KMARSU

Sold SUPER K-MART #4764
 To ATTN MARIA
 4440 MEDINA RD
 AKRON, OH 44333

Delv ELMER AILIFF
 To SCHOEDINGER- NORRIS
 3960 BROADWAY
 GROVECITY, OH 43123

Merchandise	Quantity	Price
FRESH ARRNG	1	35.00
Enclosure Card Message: WITH DEEPEST SYMPATHY THE MONTROSE SUPER K-MART		
	Delivery Charge	5.00
	Service Charge	3.00
	Sub Total	43.00
	Sales Tax	2.30
	TOTAL	45.30

PLEASE NOTE YOUR CUSTOMER ID: [KMARSU] ON YOUR REMITTANCE

Remit To: GREEN THUMB FLORAL & GIFTS
1583 MADISON AVE
44691

INVOICE

(330) 264-4011

Invoice No.: 041043
Invoice Date: 01/11/02
Your Customer ID: KMARSU

Sold SUPER K-MART #4764
To ATTN MARIA
4440 MEDINA RD
AKRON, OH 44333

Delv AVERY HOLT
To ADAM MASON FH
791 E MARKET
AKRON, OH

Merchandise	Quantity	Price
FRESH ARRNG	1	40.00
Enclosure Card Message: WITH DEEPEST SYMPATHY FROM YOUR FRIENDS AT SUPER K		
	Delivery Charge	5.00
	Service Charge	3.00
	Sub Total	48.00
	Sales Tax	2.59
	TOTAL	50.59

PLEASE NOTE YOUR CUSTOMER ID: [KMARSU] ON YOUR REMITTANCE

Remit To: GREEN THUMB FLORAL & GIFTS
1583 MADISON AVE
, 44691

INVOICE

(330) 264-4011

Invoice No.: 040763
Invoice Date: 12/29/01
Your Customer ID: KMART4

Sold K-MART #4875
To ATTN JEANNIE
1799 PORTAGE RD
WOOSTER, OH 44691

Delv JOLLIFF
To MCINTIRE FUNERAL HOME

Merchandise	Quantity	Price
PLANTER	1	30.00
Enclosure Card Message: WITH DEEPEST SYMPATHY K-MART 4875		
	Sub Total	30.00
	Sales Tax	1.73
	TOTAL	31.73

PLEASE NOTE YOUR CUSTOMER ID: [KMART4] ON YOUR REMITTANCE