

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)
K MART CORPORATION

Case Number:
02-02474

Class
NOT SCHEDULED

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A claim for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Amount
NOT SCHEDULED

Name of Creditor (The person or other entity to whom the debtor owes money or property):

08 2393090

AIRTRON TECHNOLOGY
81 19TH AVE
PATERSON, NJ 07513

- 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.

10701515

This Space is for Court Use Only

If address differs from above, please complete the following:
Creditor Name:

Address:

City/St/Zip:

Telephone: #

Account or other number by which creditor identifies debtor:

Check here if 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 _____ to _____ (date) (date)

2. Date debt was incurred:
3/97 - 11/97

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: **\$ 1606.55**
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
RUMBULL SERVICES
BANKRUPTCY

2002 APR -9 PM 12:10

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):
SHERYL ADAMOFF, TREAS.

HA 2929 4/9/02

AIRTRON TECHNOLOGY INC.
 81 19th Avenue
 Paterson, NJ 07513-1452

STATEMENT

Phone 1-973-684-5002

Statement Date 04/05/02

TO: K-MART STORE 7760
 17-01 WEST EDGAR ROAD
 LINDEN, NJ 07036

Payment Date

Amount Remitted

Date	Invoice #	Description	Charges	Payments	Balance Due
03/03/97	944	INV #20884	729.02		729.02
05/23/97	945	INV #21232	254.40		254.40
11/17/97	946	INV #22470	190.80		190.80
08/31/99	947	INTEREST	432.33		432.33

Current	30 Days	60 Days	90 Days	Amount Due
			1,606.55	1,606.55



81 19th AVENUE, PATERSON, NJ 07513-1452
(201) 684-5002 00-080-2595

K-Mart # 7760
1701 W Edger Road
Linden, NJ 07036
Attn: Mike Liss

BILL TO

START UP <input type="checkbox"/>	PUMP DOWN <input type="checkbox"/>	SUMMER <input type="checkbox"/>	WINTER <input checked="" type="checkbox"/>
CONTRACT <input type="checkbox"/>	T & M <input type="checkbox"/>	SERVICE <input checked="" type="checkbox"/>	MAINTENANCE <input type="checkbox"/>
MOE # 80M49F	SERIAL NO. 9909	UNIT NO. 018-01E	
DESCRIPTION OF WORK			
Complaint of box not freezing properly. Arrived & found frost & shut off. Turned frost & reset box run. Found for evaporator was after drain - found clear switch not working keeping box off. Shut down box & installed rubber grommet to top of clear to enable door to make switches. Installed box run. Connected gages & checked pressures with set low cycle. All set - 10' F. Oper box few days. Hoses are done ok. Left door switch didn't make. RT clear switch & little more to be fixed.			
WORK ORDER BY	WORK COMPLETED	TECHNICIAN	
	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	JUL R	
PURCHASER'S SIGNATURE			
<i>[Signature]</i>			
PURCHASER ACKNOWLEDGES THE HOURS AND MATERIALS LISTED HEREIN WITH A MINIMUM CHARGE ON SITE OF ONE HOUR PER MAN TOTAL HOURS AS LISTED INCLUDE TRAVEL TIME. THE GENERAL CONDITIONS ON THE REVERSE SIDE HEREOF ARE ACKNOWLEDGED AS PART OF THIS CONTRACT.			

A/C 199073

[Signature]

[Signature]

INVOICE		DATE 11/17/97	NUMBER 22470
JOB NAME/LOCATION K-Mart Linden		SERVICE DATE 11/17/97	
QTY.	MATERIAL	P.O. #	OFFICE USE ONLY
2	Washes	715	
2	Rubber-Grommets	715	
VALUE OF MATERIAL		TERMS	
DATE	NO. OF MEN	REG. TIME	OVERTIME
11/17/97	1	3	
TOTAL HOURS		NET 30 DAYS	
OTHER LABOR			
VALUE OF LABOR			
TOTAL VALUE OF MATERIAL & LABOR		180.00	
SALES TAX		6% 10.80	
TOTAL VALUE OF MATERIAL & LABOR		190.80	
PLEASE PAY THIS AMOUNT <i>[Arrow]</i>			
Payments past due date will be subject to a service charge of 1 1/2% monthly.			



TECHNOLOGY, INC.

81 19th AVENUE, PATERSON, NJ 07513-1452
(201) 684-5002

K-Mart #7760
Routes 1&9 & Edgar Road
Linden, NJ 07036
Attn: John

BILL TO

AC# 199073

INVOICE

DATE 3/3/97

NUMBER

20884

JOB NAME/LOCATION

K-Mart #7760 Linden

SERVICE DATE

3/3/97

START UP PUMP DOWN SUMMER WINTER
 CONTRACT T & M SERVICE MAINTENANCE
 MAKE TRUE MODEL # 989-49F SERIAL # 99909 UNIT # XALB-05E

DESCRIPTION OF WORK

Complaint freezer getting warm. Arrived + found at 20°F. Checked + found not in defrost. Checked evaporator + found iced up. Placed system in defrost and checked heaters and found good. Coil still iced after defrost. Shut unit down to defrost overnight + will return in morning. Returned and found coil defrosted. Connected gauges + checked pressures. Found running at 150 head + in 2" vacuum. Spike to Dave from True tech service + was told to add refrigerant to see if pressures rise then check for possible leak. Pressures came up. Added nitro and leak checked entire unit + found no leaks. Blew nitro + refrigerant. Pressured with just nitro to 310 psi + held for 30 min. Blew nitro + placed system in vacuum. Cycled in charge + started. Pressures still low. Added additional R404 to system + returned. Unit cycled off at 7:30 pm. 12 Low

PURCHASER SIGNATURE: *Jonathan D. Byrnes*
 WORK COMPLETED BY: YES NO
 PURCHASER SIGNATURE: *John P*
 TECHNICIAN: _____
 TECHNICIAN: _____
 TECHNICIAN: _____
 TECHNICIAN: _____

PURCHASER ACKNOWLEDGES THE HOURS AND MATERIALS LISTED HEREIN WITH A MINIMUM CHARGE ON SITE OF ONE HOUR PER MAN TOTAL HOURS AS LISTED INCLUDE TRAVEL TIME. THE GENERAL CONDITIONS ON THE REVERSE SIDE HEREOF ARE ACKNOWLEDGED AS PART OF THIS CONTRACT.

QTY.	MATERIAL	P.O. #	OFFICE USE ONLY
1	Nitrogen	715	
2 lbs	R 404A	715	

DATE	NO. OF MEN	REG. TIME	OVERTIME	VALUE OF MATERIAL
3/3/97	1	2 1/2		57.75
3/4/97	1	8		
TOTAL HOURS				
OTHER LABOR				
VALUE OF LABOR				630.00
TOTAL VALUE OF MATERIAL & LABOR				687.75
SALES TAX 6%				41.27
PLEASE PAY THIS AMOUNT				\$ 739.02

TERMS NET 30 DAYS

Payments past due date will be subject to a service charge of 1 1/2% monthly.