

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 PRIORITY

Amount

CONTINGENT,
UNLIQUIDATED

10106771

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):

CITY OF SPENCER IOWA
CITY HALL
418 2ND AVE W.
SPENCER, IA 51301

11 3339251

- 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: # 712-580-7200

Address:

City/St/Zip:

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 12/21/01 to 1/25/02
(date) (date)

2. Date debt was incurred:

12-21-01 to 1/25/02

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 836,411

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 \$ 836,411

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
BANKRUPTCY

APR 11 2002

Date: 4/8/2002
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):

Donna M. Fisher City Clerk

4/11/02 At 2954

CITY OF SPENCER
 418 2ND AVENUE WEST
 SPENCER, IA 51301-3801
 (712)580-7200/

Account # : 2011007
 Statement Balance: 836.41

Statement Date: 03/26/2002
 Page: 1

K-Mart/Bankruptcy
 (Bankruptcy Account)
 900 11th Street S.W.
 Spencer IA 51301

Type	Date	Invoice#	Description	Amount
			Last Statement Balance	1,481.95
INV	02/02/2002	33735	Surcharge on Sat. Dump	25.00
INV	02/09/2002	33745	Surcharge on Sat. Dump	25.00
INV	02/16/2002	33755	Surcharge on Sat. Dump	25.00
PMT	02/25/2002		Payment	75.00-
PMT	03/12/2002		Payment	645.54-
			Balance This Statement	836.41

RETURN TOP PORTION WITH PAYMENT

"DUE BY THE 15TH" - A Finance Charge Equal to 1 1/2% per Month Shall Be Imposed if Payment is Not Made by the Due Date"

CITY OF SPENCER, 418 2nd Ave West, Spencer, IA 51301

THANK YOU

CITY OF SPENCER
418 2ND AVENUE WEST
SPENCER, IA 51301-3801
(712) 264-7200/

Bankruptcy Acct!

Account # 2011007
Statement Balance: 1,481.95

Statement Date: 01/28/2002
Page: 1

K-Mart/Store #7603
900 11th Street S.W.
Spencer IA 51301

----- S T A T E M E N T -----
Type Date Invoice# Description Amount

Last Statement Balance

115.54

836.41

INV 01/02/2002 29645
INV 01/04/2002 29691
INV 01/05/2002 30045
INV 01/12/2002 30055
INV 01/19/2002 30065
INV 01/23/2002 30075
INV 01/25/2002 30379

645.54

- 2-Extra Hoppers
- Sales Tax
- K-Mart ShareDway/Pd 9/4/01
- Surcharge on Saturday Dump
- Sales Tax
- Surcharge on Saturday Dump
- Sales Tax
- Surcharge on Saturday Dump
- Sales Tax
- Surcharge Sat. 1/26/02
- Sales Tax
- MONTHLY SOLID WASTE CHARGE
- Sales Tax

24.00
1.44
720.87
25.00
1.50
25.00
1.50
25.00
1.50
25.00
1.50
485.00
29.10

Balance This Statement

~~1,481.95~~

836.41

Paid 645.54
ch# 12008278
2-25-02

PAST DUE!

WE WOULD APPRECIATE YOUR
PAYMENT TODAY!

RETURN TOP PORTION WITH PAYMENT

"DUE BY THE 10TH" " A Finance Charge Equal to 1 1/2% per Month Shall Be
Imposed if Payment is Not Made by the Due Date"

CITY OF SPENCER, 418 2nd Ave West, Spencer, IA 51301

THANK YOU

CITY OF SPENCER
418 2ND AVENUE WEST
SPENCER, IA 51301-3801
(712)264-7200/

Account # : 2011007
Statement Balance: 115.54
720.87
836.41

Statement Date: 12/21/2001
Page: 1

K-Mart/Store #7603
900 11th Street S.W.
Spencer IA 51301

----- S T A T E M E N T -----

Type	Date	Invoice#	Description	Amount
			Last Statement Balance	1,804.47
INV	12/01/2001	26289	Surcharge on Sat. Dump	25.00
			Sales Tax	1.50
INV	12/07/2001	26215	3-Hoppers	36.00
			Sales Tax	2.16
INV	12/08/2001	26299	Surcharge on Sat. Dump	25.00
			Sales Tax	1.50
PMT	12/10/2001		Payment	1,804.47-
INV	12/11/2001	26240	4-Extra Hoppers	48.00
			Sales Tax	2.88
INV	12/15/2001	26309	Surcharge on Sat. Dump	25.00
			Sales Tax	1.50
INV	12/18/2001	26319	Surcharge on Sat. Dump/12-22-01	25.00
			Sales Tax	1.50
INV	12/18/2001	26329	Surcharge on Sat. Dump/12-29-01	25.00
			Sales Tax	1.50
INV	12/21/2001	26647	MONTHLY SOLID WASTE CHARGE	485.00
			Sales Tax	29.10
PMT	12/21/2001		Payment	221.54-
PMT	12/21/2001		Payment	398.56-
			Balance This Statement	115.54
INV	1/ 4/2001	29691	K-Mart Share Dway/Pd 9/4/01	720.87
			Balance This Statement	836.41

RETURN TOP PORTION WITH PAYMENT

"DUE BY THE 10TH" " A Finance Charge Equal to 1 1/2% per Month Shall Be Imposed if Payment is Not Made by the Due Date"

CITY OF SPENCER, 418 2nd Ave W, Spencer, IA 51301

THANK YOU

Acct#: 2011007
 Name: K-Mart/Bankruptcy
 Add: (Bankruptcy Account)
 900 11th Street S.W.
 Spencer IA 51301-

Setup Date: 07/01/1988
 Acct Bal: 836.41

0.00	615.60	220.81	0.00	0.00
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FIN Due: .00

Unapp CRM: .00

Unapp OVP: .00

--- Summarized Activity ---

Date	Typ Ref	Posting Amt	Description	Running Bal
=> 03/12/2002	PMT CSH	40.54	Payment	836.41
03/12/2002	PMT CSH	25.44	Payment	876.95
03/12/2002	PMT CSH	579.56	Payment	902.39
02/16/2002	INV ADD	25.00	Invoice	1,481.95
02/16/2002	CRM ADD	25.00	Credit Memo	1,456.95
02/09/2002	INV ADD	25.00	Invoice	1,481.95
02/09/2002	CRM ADD	25.00	Credit Memo	1,456.95
02/02/2002	INV ADD	25.00	Invoice	1,481.95
02/02/2002	CRM ADD	25.00	Credit Memo	1,456.95
01/25/2002	INV ADD	514.10	Invoice	1,481.95
01/23/2002	INV ADD	26.50	Invoice	1,456.95
01/19/2002	INV ADD	26.50	Invoice	1,481.95
01/12/2002	INV ADD	26.50	Invoice	967.85
01/05/2002	INV ADD	26.50	Invoice	941.35
01/04/2002	INV ADD	26.50	Invoice	914.85
01/02/2002	INV ADD	720.87	Invoice	888.35
12/21/2001	OVP ADD	25.44	Invoice	861.85
12/21/2001	INV ADD	398.56	Over Payment	140.98
		514.10	Invoice	115.54
				514.10

Invoices = \$ 1880.51
 Payments = \$ 1044.10
 Balance Due = \$ 836.41