

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

\$2,138.40

10570539

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 claim 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):

- 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.

11 2291484

COUNTY PRESS
3732 WEST CHESTER PIKE
NEWTON SQUARE, PA 19073

If address differs from above, please complete the following:

Creditor Name:

Telephone: #

Address:

610 356-6664

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 _____ to _____ (date) (date)

2. Date debt was incurred:

Nov. + Dec. 2001

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 2138.40

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
BANKRUPTCY

APR 11 PM 1:52

Date

4/14/02

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):

Samuel J. ... Publisher

4/11/02 AT 2961

PRESS NEWSPAPERS INVOICE/STATEMENT

OF DELAWARE COUNTY

County Press • Haverford Press
 Upper Darby and Drexel Hill Press
 Media Press • Springfield Press
 Garnet Valley Press • Thornbury Press
 Hometown Press

DATE

4/3/2002

AMOUNT ENC.

TO:

KMART CORPORATION
 ATT: ADVERTISING ACCOUNTING B-2
 3100 W BIG BEAVER RD
 TROY, MI 48084

Post Office Box 249 • 3732 West Chester Pike
 Newtown Square, Pa. 19073
 (610) 356-6664 Fax: (610) 353-5321

We Accept   

TERMS		REP	DUE DATE		AMOUNT DUE
25 DAYS		H	4/28/2002		\$2,138.40
DATE	DESCRIPTION	ITEM	CHARGES	AMOUNT	BALANCE
11/06/01	Balance forward				194.40
11/07/01	DUNS #00000647686 ORDER #21393553 (3600 INSERTS)	DISPLAY AD	194.40	194.40	388.80
11/21/01	DUNS #00000637686 ORDER #21389100	DISPLAY AD	208.80	208.80	597.60
11/21/01	DUNS #00000637686 ORDER #21391892	DISPLAY AD	295.20	295.20	892.80
11/27/01	PMT #3998854 - PD 9/26 INSERTS			-194.40	698.40
11/28/01	DUNS #00000637686 ORDER #21402871	DISPLAY AD	252.00	252.00	950.40
12/05/01	DUNS #00000637686 ORDER #21404599	DISPLAY AD	266.40	266.40	1,216.80
12/12/01	DUNS #00000637686 ORDER #21407573	DISPLAY AD	252.00	252.00	1,468.80
12/19/01	DUNS #00000637686 ORDER #21400799	DISPLAY AD	208.80	208.80	1,677.60
12/26/01	DUNS #00000637686 ORDER #21406070	DISPLAY AD	266.40	266.40	1,944.00
12/26/01	DUNS #00000637686 ORDER #21412645	DISPLAY AD	194.40	194.40	2,138.40
					AMOUNT DUE
					\$2,138.40

C=County Press, F=Focus, GV=Garnet Valley Press, H=Haverford Press, HP=Hometown Press, M=Media Press, S=Springfield Press, UD/DH=Upper Darby and Drexel Hill Press. All unpaid bills are subject to a late charge of 1 - 1/2% per month, not to exceed 18% simple interest per annum.

Make checks or money orders payable to: COUNTY PRESS. Return Top Portion of Invoice with Payment.

KMART INSERTION ORDER

DATE: 10/16/01
ROTO

KMART CORPORATION
INTERNATIONAL HEADQUARTERS
3100 N. BIG BEAVER RD.
TROY MI 48084-3163

PAGE 1 OF 1

TO:

COUNTY PRESS
3732 WEST CHESTER PIKE
NEWTON SQUARE PA 19073

DUNS NUMBER: 00000637686

3412

ORDER NUMBER	DATE OF INSERTION	SIZE	VEHICLE	SUB	QUANTITY SHIPPED	VERS. DATE	VERSION DESCRIPTION
21393553	11/09/01	4-PG.BROAD	COUNTY PRESS	000	3,600	11/09	4-PG.BROADSHEET SUPER FRI/SAT
21389100	11/21/01	6-PG.BROAD	COUNTY PRESS	000	3,600	11/21	6-PG.BROADSHEET THURS.SPECIALS
21391892	11/22/01	18 BS	COUNTY PRESS	000	3,600	11/22	18-PG.BROADSHEET THANKSGIVING

PROMPT PAYMENT REQUIRES: DUNS NUMBER ON YOUR INVOICE AND CHARGES REFERENCED TO KMART ORDER NUMBERS.

PLEASE SEND INVOICE TO:
KMART CORPORATION
ATT: ADVERTISING ACCOUNTING B-2
3100 N. BIG BEAVER RD.
TROY, MI. 48084

INSERTION ORDER INQUIRIES CONTACT:
STRATEGIC PRINT MARKETING
REPRESENTATIVE
630/729-2100

POST INSERTION ORDER NUMBERS ON YOUR INVOICE

KMART CORPORATION
INTERNATIONAL HEADQUARTERS
3100 N. BIG BEAVER RD.
TROY MI 48084-3163

TO:

COUNTY PRESS
3732 WEST CHESTER PIKE
NENTON SQUARE PA 19073

DUNS NUMBER: 00000637686

3412

ORDER NUMBER	DATE OF INSERTION	SIZE	VEHICLE	SUB	QUANTITY SHIPPED	VERS. DATE	VERSION DESCRIPTION
21402871	11/29/01	24 SLIM	COUNTY PRESS	000	3,600	11/29	24-PG. TRIM-A-HOME INSERT - 11/

PROMPT PAYMENT REQUIRES: DUNS NUMBER ON YOUR INVOICE AND CHARGES REFERENCED TO KMART ORDER NUMBERS.

PLEASE SEND INVOICE TO:
KMART CORPORATION
ATT: ADVERTISING ACCOUNTING B-2
3100 N. BIG BEAVER RD.
TROY, MI. 48084

INSERTION ORDER INQUIRIES CONTACT:

STRATEGIC PRINT MARKETING
REPRESENTATIVE
630/729-2100

POST INSERTION ORDER NUMBERS ON YOUR INVOICE

KNART CORPORATION
INTERNATIONAL HEADQUARTERS
3100 N. BIG BEAVER RD.
TROY MI 48084-3163

TO:

COUNTY PRESS
3732 WEST CHESTER PIKE
NEWTON SQUARE PA 19073

DUNS NUMBER: 00000637686

3412

ORDER NUMBER	DATE OF INSERTION	SIZE	VEHICLE	SUB	QUANTITY SHIPPED	VERS. DATE	VERSION DESCRIPTION
21404599	12/06/01	28 TAB	COUNTY PRESS	000	3,600	12/06	TITLE TO COME W/INTIMATE

PROMPT PAYMENT REQUIRES: DUNS NUMBER ON YOUR INVOICE AND CHARGES REFERENCED TO KNART ORDER NUMBERS.

PLEASE SEND INVOICE TO:
KNART CORPORATION
ATT: ADVERTISING ACCOUNTING B-2
3100 N. BIG BEAVER RD.
TROY, MI. 48084
POST INSERTION ORDER NUMBERS ON YOUR INVOICE

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REPRESENTATIVE
630/729-2100

**KMART CORPORATION
INTERNATIONAL HEADQUARTERS
3100 N. BIG BEAVER RD.
TROY MI 48064-3163**

TO:

**COUNTY PRESS
3732 WEST CHESTER PIKE
NENTON SQUARE PA 19073**

DUNS NUMBER: 00000637686

3412

ORDER NUMBER	DATE OF INSERTION	SIZE	VEHICLE	SUB	QUANTITY SHIPPED	VERS. DATE	VERSION DESCRIPTION
21407573	12/13/01	24 SLIM	COUNTY PRESS	000	3,600	12/13	30% OFF MEN'S OUTERWEAR 12/13/
21400799	12/20/01	6-PG.BROAD	COUNTY PRESS	000	3,600	12/20	6-PG.BROAD.NON-STOP SHOPPING 1
21406070	12/25/01	28 TAB	COUNTY PRESS	000	3,600	12/25	COMPLETE YOUR WISH LIST W/WHIT
21412645	12/28/01	4-PG.BROAD	COUNTY PRESS	000	3,600	12/28	4-PG.BROADSHEET - NEW YEARS SA

PROMPT PAYMENT REQUIRES: DUNS NUMBER ON YOUR INVOICE AND CHARGES REFERENCED TO KMART ORDER NUMBERS.

PLEASE SEND INVOICE TO:

**KMART CORPORATION
ATT: ADVERTISING ACCOUNTING B-2
3100 N. BIG BEAVER RD.
TROY, MI. 48064**

INSERTION ORDER INQUIRIES CONTACT:

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REPRESENTATIVE
630/729-2100**

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