ORM B10 (Official Form 10) UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM		
NORTHERN DISTRICT OF ILLINOIS,	FASTERN DIVISION	Control of the		
NORTHERN DISTRICT OF ILLINOIS,	Case Numbers 02-02-462 through	Your claim is scheduled as follows:		
ame of Debtor: (see attached for complete list of debtors)	Case Number:	NOT SCHEDULED		
ament a ament a ament a series of the series		Amount		
name of Creditor (The person or other entity to whom the debtor owes money r property):	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy	NOT SCHEDULED		
08 334199	of statement giving particulars.			
DAM FOLIDMENT	court in this case.	1		
B&W EQUIPMENT 2656 W. CHURCH ST.	Check box if the address differs from the address on the envelope sent to			
THATCHER, AZ 85552	you by the court.	1		
		10151061		
f address differs from above, please complete the following:		10151961		
reditor Name:	Telephone: #	This Space is for Court Use		
Address:		Only		
nuuros.				
City/St/Zip:	Check here if	y filed claim, dated		
Account or other number by which creditor identifies debtor:	this claim amends a previous Retiree benefits as defined in 11 U.S.C. §			
1. Basis for Claim	Wages, salaries, and compensation (fill or	it below)		
Goods sold	Vour SS #			
Services performed Money loaned	Unpaid compensation for services perform	ned (*)		
☐ Personal injury/wrongful death	fromto(date)			
☐ Taxes	(date) (date)			
☐ Other	3. If court judgment, date obtained:			
2. Date debt was incurred:				
A Time Case Wied:	S			
4. Total Amount of Claim at 1 me Case Filed. If all or part of your claim is secured or entitled to priority, also complete Ite [A Check this box if claim includes interest or other charges in addition to	m 5 or 6 below. the principal amount of the claim. Attach itemized	statement of all interest or additional		
charges.	L C Unrequired Priority Claim.			
5. Secured Claim. ☐ Check this box if your claim is secured by collateral (including a right of the content of the collateral)	Check this box if you have an unsecured the Amount entitled to priority \$ 203	Check this box if you have an unsecured priority claim. Amount entitled to priority \$ 203		
setoff). Brief Description of Collateral:	to the second control of	Specify the priority of the claim: Wages, salaries, or commissions (up to \$4,650), earned within 90 days before filing		
☐ Real Estate ☐ Motor Vehicle	of the bankruptcy petition or cessation of the debtor's business, which is			
Other	11 U.S.C. § 507(a)(3).	11 USC 8507(a)(4).		
Value of Collateral: \$	I make \$ 2 100 of denosits toward purchas	e, lease, or remain of property of solvious for		
	personal, family, or household use - 11 U Alimony, maintenance, or support owed to	St. 6 30 Marol.		
	1 TICC \$ \$07(a)(7)			
Amount of arrearage and other charges at time case filed included in	Traves or consisting owed to governmental	units - 11 U.S.C. § 507(a)(8).		
Amount of arrearage and outer charges at this case area.	Other – Specify applicable paragraph of	11 U.S.C. § 50/(a)().		
7. Credits: The amount of all payments on this claim has been credited a	and deducted for the purpose of making this proof	of This Space is for Court Use Only		
claim.	ash as promissory notes nurchase orders, invoice	RECEIVED		
claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoic itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If		of TRUMBULL SENGLES		
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 enveloped.		pe condition of the		
 Date-Stamped Copy: To receive an acknowledgment of the filing of years and copy of this proof of claim. 	_			
Date Sign and print the name and title, if any, of the creditor	or or other person authorized to file this claim (attac	h		
copy of power of attorney, if any):	المال	4/11/02 AT 2966		
4/4/02 KEVIN WEST FOR BILL Equil Representing from from dulent claim: Fine of up to \$2	500,000 or imprisonment for up to 5 years, or both.	18 U.S.C. \$\\$ 152 and 3571.		
Penalty for presenting fraudulent claim: rine of up to 3:	700,000 or major			

P.01



Bank One, NA - Arizona Notice of Deposited Returned Item(s)

Date: Feb 4, 2002

Advice D-627265

These items are being charged to your account and will be assessed a

Return Item fee

Inquires: Customer Service 800-366-2265

Acct: 601/00014531902

REASON

Stop Pay

SEQ # ITEM AMOUNT

01497

200.00

B & W EQUIP RENTAL CHARLES D BITNER, III, OWNER PO BOX U MORENCI AZ 85540

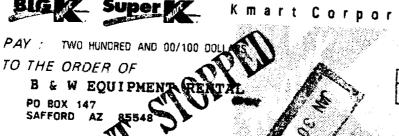
1 Item charged totaling \$200.00

1 Item charged a fee totaling \$3.00 Advice Total \$203.00

000000014531902#

"0000627265"

CHECK NUMBER:



01/16/2002

CHECK DATE

62-35/311

THE BANK DE

2100024

28100 14030

10 300 9 7 5V

",00000 50000".



B&W EQUIPMENT RENTAL

P.O. Box 147 Safford, Az. 85548-0147

Phone: (928)348-9096 Fax: (928)348-9103

CUSTOMER:

KMART STORES

1987 W.Thatcher Blvd. Safford, Az. 85546 (928)428-4985 Fax:(928)428-7188

DECRIPTION OF SERVICE:		TOTAL
WEED CONTROL FOR MONTH OF DECEMBER		\$200.00
Kmart is to supply all chemicals	TOTAL DUE	\$200.00

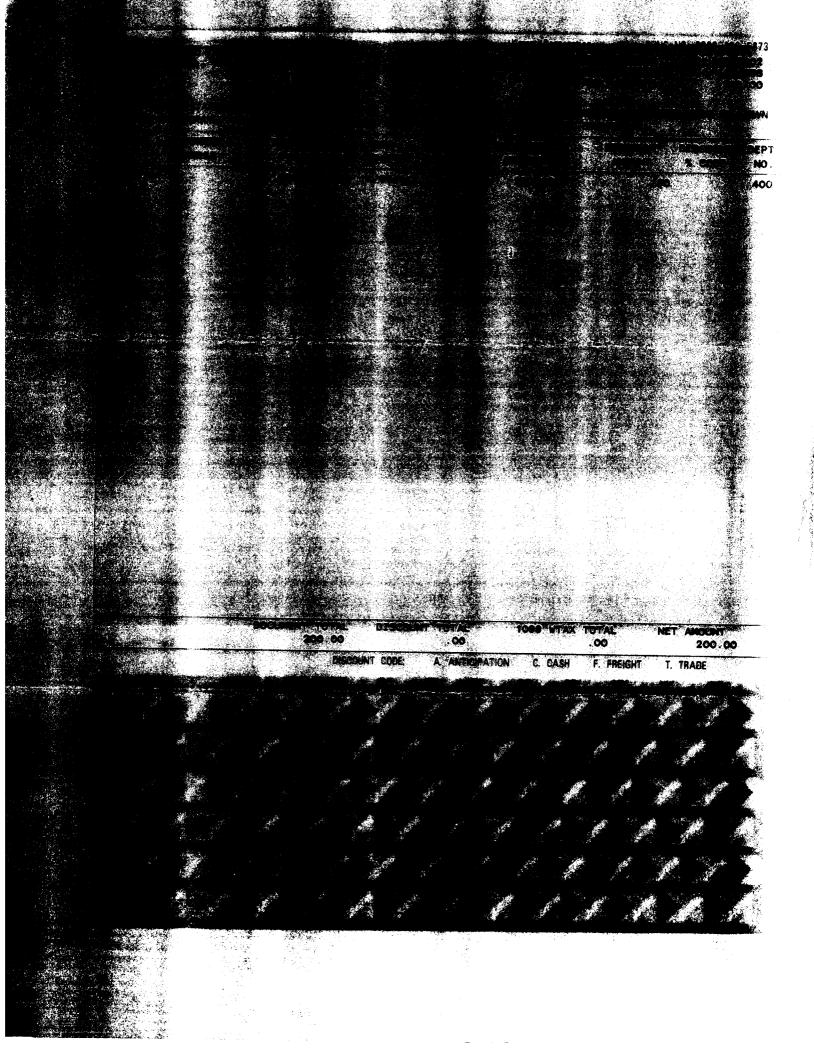
PAYMENT

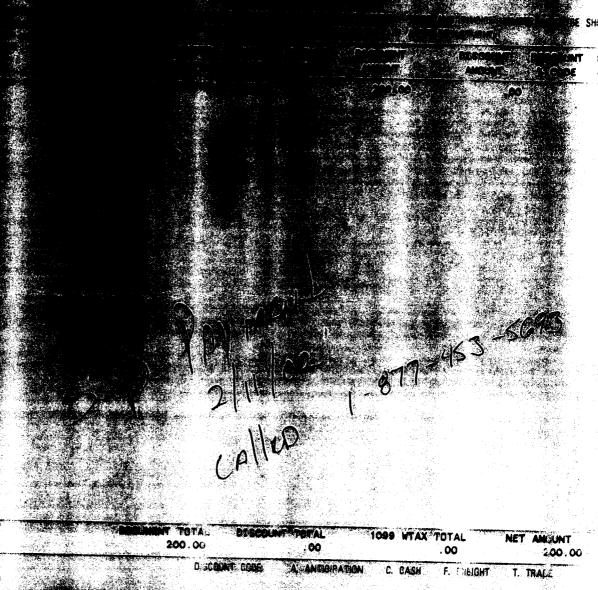
INVOICE 00005

Customer Name: Kmart Stores

Date:

Amount Due: \$200.00 Amount Enclosed:





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