

**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		<u>Your claim is scheduled as follows</u>	
Name of Debtor (see attached for complete list of debtors) Kmart Corporation		Case Number: 02-02474		Class UNSECURED NON PRIORITY	
<small>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.</small>					
Name of Creditor (The person or other entity to whom the debtor owes money or property) AMERICAN FIXTURES AND BUILDERS ACCOUNTS RECEIVABLE 3631 HOMESTEAD ROAD RAVENNA, OH 44266		11 2337158		Amount \$412 50	
<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		10560399			
If address differs from above, please complete the following:					
Creditor Name		Telephone #		This Space is for Court Use Only	
Address					
City/ST/Zip					
Account or other number by which this claim is identified		Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated _____			
1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS# _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
2. Date debt was incurred: 12/8/98 - 10/17/01 open invoices		3. If court judgment, date obtained:			
4. Total Amount of Claim at Time Case Filed: \$ 219.55		If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below <input type="checkbox"/> 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 <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> 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) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> 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) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> 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	
Date 4/8/02		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) Shirley Reedy - owner		4/11/02 AT 2988	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 152 and 3571.

NOTICE

The preceding page is a copy of the creditor's original proof of claim which contains their social security number.

This number has been blacked out for privacy reasons.

Following is the creditor's original proof of claim showing the creditor's social security number.

TRUMBULL SERVICES, LLC

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) Kmart Corporation		Case Number: 02-02474
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.		Your claim is scheduled as follows Class UNSECURED NON PRIORITY Amount \$412 50
Name of Creditor (The person or other entity to whom the debtor owes money or property) AMERICAN FIXTURES AND BUILDERS ACCOUNTS RECEIVABLE 3631 HOMESTEAD ROAD RAVENNA, OH 44266 11 2337158		<input type="checkbox"/> 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 <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> 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 # _____ Address _____ City/ST/Zip _____		10560399 This Space is for Court Use Only
Account or other number by which creditor identifies debtor 00-06-5649		<input type="checkbox"/> Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____
1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
2. Date debt was incurred: 12/18/98 - 10/17/01 open invoices		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ 2119.55 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below <input type="checkbox"/> 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. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> 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) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> 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) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> 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 2002 APR 11 PM 2:50
Date 4/8/02	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) <i>She Reedy - owner</i>	
Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571		

Invoice

Invoice Number:
E4992/01050106

Invoice Date:
1/5/01

Page:

216-289 1
6694
ATT DARLENE

American Fixtures And Builders
Gary W. Reedy
1631 Homestead Rd.
Cavenna, OH 44266
USA
Voice: 330-325-1545
Fax: 330-325-0797

FILE COPY

Sold To:
4992 Euclid Kmart
1200 Babbitt Rd
Euclid, OH 44132
USA

Customer ID: 4992

Customer PO	Payment Terms	Sales Rep ID	Due Date
4992	Net 30 Days		2/4/01

Description	Amount
This Invoice is for 707 of store fixtures from closing stores 3293 and 3766. Price includes truck rental, gas, and labor. Federal ID # 34-1470645 Dunns #00-06-5649	250.00

	Subtotal	250.00
	Sales Tax	
	Total Invoice Amount	250.00
Check No:	Payment Received	0.00
	TOTAL	250.00

American Fixtures And Builders
 Gary W. Reedy
 3631 Homestead Rd.
 Ravenna, OH 44266
 USA
 Voice: 330-325-1545
 Fax: 330-325-0797

Invoice

Invoice Number:
 S4264/01050109

Invoice Date:
 1/5/01

Page:
 1

330-686-9646

Sold To:
 4264 Stow Kmart
 4332 Kent Road
 Stow,, OH 44224
 USA

FILE COPY

Customer ID: 4264

Customer PO	Payment Terms	Sales Rep ID	Due Date
4264	Net 30 Days		2/4/01

Description	Amount
This Invoice for 707's of store fixtures from closing stores. Price includes truck rental, gas, and labor. 2 trips @ 125.00 each. Federal ID # 34-1470645 Dunns # 00-06-5649	250.00

	Subtotal	250.00
	Sales Tax	
	Total Invoice Amount	250.00
Check No:	Payment Received	0.00
	TOTAL	250.00

American Fixtures And Builders

GW Reedy

201 111

LEANN E

Telephone

Fax

248 463 2689

ATTN: ~~CARMEN~~

American Fixtures And Builders

3631 Homestead Road

Ravenna, OH 44266

330-325-1545

FAX 330-325-0797

December 18, 1998

Michigan Construction Office

Attn: Erik Gwozdz

8249 Haggerty Road North

Canton, MI 48187

Re: Kmart ~~6263~~

460 West Main Street

New Lebanon, OH 45345

INVOICE# Leb1218983

This invoice is for labor and materials to check the heating units.

Labor and materials-----\$2,054.00

Overhead and Profit-----\$410.80

TOTAL AMOUNT DUE FOR THIS INVOICE-----\$2,464.80

Thank You, GARY



G W Reedy

Federal ID// 34-1470645

Dunns # 00-06-5649

PAID - 1464.00

STILL DUE 1000.80 ?

Store # 6263

CK#

2/09/99

0258

3258360?

Doc.# 1591218983

12/18/98

1464.00

FILE

American Fixtures And Builders
3631 Homestead Rd.
Ravenna, OH 44266
USA

Voice: 330-325-1545
Fax: 330-325-0797

Invoice

Invoice Number
N4954/10170105

Invoice Date:
10/17/01

Page:
1

FILE COPY

Sold To:
4954 New Philadelphia KMART
611 Bluebell Dr. NW
New Philadelphia, OH 44663
USA

Customer ID: 4954

Customer PO	Payment Terms	Sales Rep ID	Due Date
4954	Net 30 Days		11/16/01

Description	Amount
This Invoice for work completed at 4954 Kmart, 611 Bluebell Dr., NW, New Philadelphia, OH 44663 as follows: .. Disconnected electrical drops to electronic display cabinet at cards and removed all associated wiring to make safe. Total cost including labor and material Federal ID #34-1470645 Dunns #00-06-5649 THANK YOU FOR THE OPPORTUNITY TO DO BUSINESS WITH YOU	206.25

mailed copy 12/31/01

Check No:

Subtotal	206.25
Sales Tax	
Total Invoice Amount	206.25
Payment Received	0.00
TOTAL	206.25

AMERICAN FIXTURES AND BUILDERS
 (DUNS NUMBER: 00-006-5649)

BANK NO: 12

Kmart Corporation

DUNS NO. 0000-896-58

CHECK DATE : 01/14/2002
 CHECK NUMBER: 00403252
 CHECK AMOUNT: 206.2

* PLEASE RENDER STATEMENT EACH MONTH SHOWING ALL PAST DUE INVOICES AND CREDITS. STORE AND INVOICE NUMBER MUST BE SHOWN
 * OPPOSITE EACH CHARGE. ADDRESS ALL CORRESPONDENCE CONCERNING REMITTANCES TO A/P AUDIT DEPARTMENT.

STORE NO.	DOCUMENT NUMBER	P.O. NUMBER / FICHE NO(*)	DOC. DATE	ENTRY CODE	DOCUMENT AMOUNT	DISCOUNT AMOUNT	DISCOUNT %	DISCOUNT CODE	DISCOUNT I
4954	10170105	090101815E*	10/17/01		206.25	.00			4



Kmart Corporation

74-478/724

CHECK NUMBER: 004032523

PAY : TWO HUNDRED SIX AND 25/100 DOLLARS

TO THE ORDER OF

AMERICAN FIXTURES AND BUILDERS

3631 HOMESTEAD ROAD
 RAVENNA OH 44266

CHECK DATE

01/14/2002

CHECK AMOUNT

*****206.2

07490996

DO NOT REDEPOSIT

COMERICA BANK & TRUST, N.A.
 ANN ARBOR, MI

VOID AFTER 6 MONTHS

AUTHORIZED SIGNATURE (SIGNATURE LINE CONTAINS KMART LOGO)

THIS DOCUMENT IS PRINTED IN BLUE INK AND CONTAINS SECURITY FEATURES ON BOTH SIDES. DO NOT ACCEPT UNLESS THESE SECURITY FEATURES ARE PRESENT.

⑈004032523⑈ ⑆072404786⑆ 2176965339⑈ ⑆0000020625⑆

DOCUMENT TOTAL	DISCOUNT TOTAL	1099 WTAX TOTAL	NET AMOUNT
206.25	.00	.00	206.25

DISCOUNT CODE: A. ANTICIPATION C. CASH F. FREIGHT T. TRADE



Bank One Ohio, NA

Notice of Deposited Returned Item(s)

Date: Jan 25, 2002 Advice D-995193

Acct: 001/00617750070

These items are being charged to your account and will be assessed a Return Item fee.
 Inquiries: 800-310-1111

REASON
 Stop Pay

SEQ # ITEM AMOUNT
 33637 206.25

AMERICAN FIXTURES AND BUILDERS
 3631 HOMESTEAD RD
 RAVENNA OH 44266

1 Item charged totaling \$206.25

1 Item charged a fee totaling \$6.00
 Advice Total \$212.25

⑆402333198⑆ 000000617750070⑆ ⑆0000995193⑆

American Fixtures And Builders
 31 Homestead Rd.
 Vienna, OH 44266
 IA

Invoice
 Invoice Number:
 M4764/10170104

Invoice Date:
 10/17/01

Page:
 1

Phone: 330-325-1545
 Fax: 330-325-0797

FILE COPY

Sold To:
 4764 Montrose KMART
 4040 Medina Road
 Akron, OH 44333
 USA

Customer ID: 4764

Customer PO	Payment Terms	Sales Rep ID	Due Date
764	Net 30 Days		11/16/01

Description	Amount
<p>This Invoice for work completed at 4764 KMART, 4040 Medina Rd., Akron, OH 44333 as follows:</p> <p>Disconnected electrical drops to electronic display cabinet at cards and removed all associated wiring to make safe. Total cost including all labor and material</p> <p>..</p> <p>..</p> <p>Federal ID #34-1470645 Dunns #00-06-5649</p> <p>..</p> <p>..</p> <p>THANK YOU FOR THE OPPORTUNITY TO DO BUSINESS WITH YOU</p> <p><i>Copy mailed 12/31/01</i></p>	<p>206.25</p>

	Subtotal	206.25
	Sales Tax	
	Total Invoice Amount	206.25
Check No:	Payment Received	0.00
	TOTAL	206.25

JOB MATERIAL AND LABOR RECORD

DATE 10-12-81

DAY WORK
 CONTRACT
 EXTRA

DESCRIPTION OF WORK

SERVICE CALL: DISCONNECT AND

REMOVE 1/2" EMT TUB TO DISPLAY PANEL

① ELECTRICIAN'S

JOB NUMBER

JOB NAME
4704 SUPER K MARY CENTER

ADDRESS
4040 ST. GEORGE MEDINA RD.

PHONE

ADDRESS, DISTRICT
N/A

PRICE AMOUNT

PRICE AMOUNT

MATERIAL

QTY. MATERIAL

TIME AND LABOR RECORD

DATE IN OUT DATE IN OUT

WORKER

10/2-12:15 12:30 1 2:15

BULLA 10/2-12:15 12:30 1 2:15

TOTAL

MISCELLANEOUS JOB EXPENSES

DESCRIPTION

AMOUNT

125.00 3.18

125.01 7.68

TOTAL

TOTAL MATERIAL

TOTAL LABOR

MISC. EXPENSES

TOTAL

TOTAL

TOTAL

Company: Focher

Invoice

Invoice Number:
B4966/10170107

Invoice Date:
10/17/01

Page:
1

American Fixtures And Builders
3631 Homestead Rd.
Ravenna, OH 44266
JSA

FILE COPY

Voice: 330-325-1545
Fax: 330-325-0797

Sold To:
4966 Brooklyn Kmart
7700 Brookpark Road
Brooklyn, OH 44129
USA

Customer ID: 4966

Customer PO	Payment Terms	Sales Rep ID	Due Date
4966	Net 30 Days		11/16/01

Description	Amount
This Invoice for work completed at 4966 KMART, 7700 Brookpark Rd., Brooklyn, OH 44129 as follows: .. Disconnected electrical drops to electronic display cabinet at cards and removed all associated wiring to make safe. Total cost including labor and material .. Federal ID #34-1470645 Dunns #00-06-5649 .. THANK YOU FOR THE OPPORTUNITY TO DO BUSINESS WITH YOU	206.25

mailed 12/30/01 Copy

Check No:

Subtotal	206.25
Sales Tax	
Total Invoice Amount	206.25
Payment Received	0.00
TOTAL	206.25

JOB MATERIAL AND LABOR RECORD

- DAY WORK
- CONTRACT
- EXTRA

DESCRIPTION OF WORK
 SERVICE CALL; DISCONNECT AND REMOVE
 2-1/2" EMT DROPS TO DISPLAY RACKS @

JOB NAME	JOB NUMBER	PHONE	PRICE	AMOUNT	QTY.	MATERIAL	PRICE	AMOUNT
4966 SUPER K MANS CENTER								
ADDRESS								
7700 BROOKLYN RD.								

QTY.	DESCRIPTION	PRICE	AMOUNT	TOTAL
2	4 1/2" X DEEP BOXES			
2	" " BLANK PAGES			
2	3/4" EMT STEEL SS CONDUIT			
	ELECTRONICS DEPT.			

MISCELLANEOUS JOB EXPENSES										
WORKER	DATE	IN	OUT	HOURS	RATE	AMOUNT	DESCRIPTION	AMOUNT	TOTAL MATERIAL	TOTAL LABOR
Tom D.	10/3	7:05	8:28	9:30			125177.4			
BIRK A	10/3	7:05	8:28	9:30			125185.6			
SIGNATURE								TOTAL		