2646431

FORM B10 (Official Form 10)

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

NOT SCHEDULED

Amount

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 "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):

09 3446806

ALUSA, KATHLEEN
349 BARTSON ST
LAVONIA, GA 30553

☐ 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.

11720607

This Space is for Court Use Only

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

Telephone: #

Address:

City/St/Zip:

Account or other number by which creditor identifies debtor:

Check here if this claim ☐ 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 9-73 (date) to 7-89 (date)

2. Date debt was incurred:

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ _____
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 Retirement money

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
TRUMBULL SERVICES
BANKRUPTCY
2002 APR 11 P 1:25

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): Kathleen I. Alusa
Kathleen I. Alusa

4/11/02 At 3521

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.

LIST OF DEBTORS, CASE NUMBERS AND TAX IDENTIFICATION NUMBERS:

DEBTOR	CASE NUMBER	TAX ID NUMBER
KMART CORPORATION OF ILLINOIS, INC.	02-02462	37-0916029
KMART OF INDIANA	02-02463	38-3413374
KMART OF PENNSYLVANIA LP	02-02464	38-3469157
KMART OF NORTH CAROLINA LLC	02-02465	38-3469154
KMART OF TEXAS L.P.	02-02466	38-3469160
BLUELIGHT.COM LLC	02-02467	77-0529022
BIG BEAVER OF FLORIDA DEVELOPMENT, LLC	02-02468	38-0729500
THE COOLIDGE GROUP, LLC N/K/A TC GROUP I LLC	02-02469	38-2332504
KMART MICHIGAN PROPERTY SERVICES, L.L.C.	02-02470	38-3384536
KMART FINANCING I	02-02471	38-6667809
TROY CMBS PROPERTY, L.L.C.	02-02472	38-3334610
BIG BEAVER DEVELOPMENT CORPORATION	02-02473	38-2834722
KMART CORPORATION	02-02474	38-0729500
BIG BEAVER OF GUAYNABO DEVELOPMENT CORPORATION	02-02475	38-3225644
BIG BEAVER OF CAUGUS DEVELOPMENT CORPORATION	02-02476	38-3053789
BLUELIGHT COM, INC.	02-02477	77-0527034
KMART HOLDINGS, INC.	02-02478	38-3293882
KMART OF AMSTERDAM, NY DISTRIBUTION CENTER INC.	02-02479	38-3626487
KMART STORES OF INDIANA, INC.	02-02480	38-2831604
KMART OF MICHIGAN, INC.	02-02481	38-3551696
KMART STORES OF TNCP, INC.	02-02482	38-2305127
KMART OVERSEAS CORPORATION	02-02483	31-0972999
JAF, INC.	02-02484	38-2970528
VTA, INC.	02-02485	51-0331035
BIG BEAVER OF CAGUAS DEVELOPMENT CORP II	02-02486	38-3175257
BIG BEAVER OF CAROLINA DEVELOPMENT CORPORATION	02-02487	38-3175256
K MART PHARMACIES, INC.	02-02488	38-1978255
BUILDERS SQUARE, INC.	02-02489	74-2259917
K MART INTERNATIONAL SERVICES, INC.	02-02490	38-2331210
SOURCING & TECHNICAL SERVICES INC.	02-02491	22-3004708
KMART PHARMACIES OF MINNESOTA, INC.	02-02492	38-3351987
STI MERCHANDISING, INC.	02-02493	38-2760188
KMART CMBS FINANCING, INC.	02-02494	38-3334553
KLC, INC.	02-02495	75-2490839
PMB, INC.	02-02496	75-1371063
ILJ, INC.	02-02497	92-0132179
KBL HOLDING INC.	02-02498	26-0031295
S.F.P.R., INC.	02-02499	N/A

KATHLEEN ALUSA 527-44-9072

Kmart Corporation

PENSION ADVICES: Beginning with your January 1, 2001 pension payment, if your check is mailed directly to your financial institution, you will receive a pension notice. **PLEASE NOTE THIS IS NOT A CHECK AND CANNOT BE CASHED OR DEPOSITED.**

IF YOUR PENSION CHECK IS LOST: Please do not call to report a missing pension check until at least the 7th of the month. Report a lost check on or after the 7th by calling 1-800-33KMART.

ADDRESS CHANGE: See other side. Please use the Address Change portion of your check if your address changes. In general, an address change must reach our office by the 15th of the month to be changed for your next check.

For 25 more years would be 2231.00

Kmart Corporation

Payee	Soc. Sec. No.	Advice Date	Advice No.
KATHLEEN ALUSA	527-44-9072	04/01/02	0000022007

Payment For Month of	Gross Amount	Federal Deduction	State Deduction	Total Deduction	Net Payment
04/01/02	74.37	0.00	0.00	0.00	74.37

PENSION BENEFIT PAYMENT

KATHLEEN ALUSA
349 BARTSON ST
LAVONIA GA 30553

Withholding Exemptions Claimed

Federal 000
State 000

FX1739

NOT NEGOTIABLE

Kmart Corporation

NON-NEGOTIABLE

0000022007

ROLLOVER AMT $ 0.00

DATE
04/01/02

THIS IS NOT A CHECK

PENSION BENEFIT PAYMENT

AMOUNT
**********74.37

DEPOSITED TO THE ACCOUNT OF

0000035129 *AUTO** MIXED AADC 350
KATHLEEN ALUSA
349 BARTSON ST
LAVONIA GA 30553-1344

CHANGE OF ADDRESS

Please **print** your new address below, detach along the dotted line and return to the address below.

New Address: _____
Number and Street Apt. #, etc.

_____
City State Zip Code

Telephone Number: (_____) _____
Area Code

If your check is mailed to a financial institution, do you wish to continue the mail deposit?

CIRCLE ONE: YES NO

Return to: **Kmart Retirement Service Center**
3270 W. Big Beaver Rd
Suite 425
Troy MI 48084-2901

DETACH ALONG DOTTED LINE

NON-NEGOTIABLE

THIS IS NOT A CHECK