FORM B10 (Official Form 10) 4003320

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
$77.50

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):

11 2345765

BAYSTATE SAFE & ALARM
1457 RIVERDALE ST RTE 5
W SPRINGFIELD, MA 01089

☐ 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:
Address: Baystate Safe & Alarm
74 Doty Circle
City/St/Zip: West Springfield, MA 01089
Telephone: # 413-733-7306

10559660

This Space is for Court Use Only

Account or other number by which creditor identifies debtor:
DUNS #00-001-8747

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 _____ (date) to _____ (date)

2. Date debt was incurred: 12-7-01

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 87.50
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.

Returned ck 77.50 INVOICE #142883
10.00 BANK CHARGE

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.

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RECEIVED
TRUMBULL SERVICES
CORP.
2002 APR 11 PM 1:43

Date	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):
4-9-02	M.E. Linares M.E. Linares Office Mgr.

4/11/02 AT 3540

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.

BAYSTATE SAFE & ALARM
(DUNS NUMBER: 00-001-8747)

Kmart Corporation DUNS NO: 0000 838 5875

BANK NO: 12

CHECK DATE : 01/10/2002
CHECK NUMBER: 004030904
CHECK AMOUNT: 77.50

* 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 % CODE	DEPT NO.
7269	142883	090081247B*	12/07/01		77.50	.00		400

BIG K Super K Kmart Corporation

74-478/724
CHECK NUMBER: 004030904

21871866

PAY : SEVENTY-SEVEN AND 50/100 DOLLARS

TO THE ORDER OF
BAYSTATE SAFE & ALARM
1457 RIVERDALE ST RTE 5
W SPRINGFIELD MA 01089

CHECK DATE	CHECK AMOUNT
01/10/2002	**********77.50

PAYMENT SECURITY 0599 01 01-22-02

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.

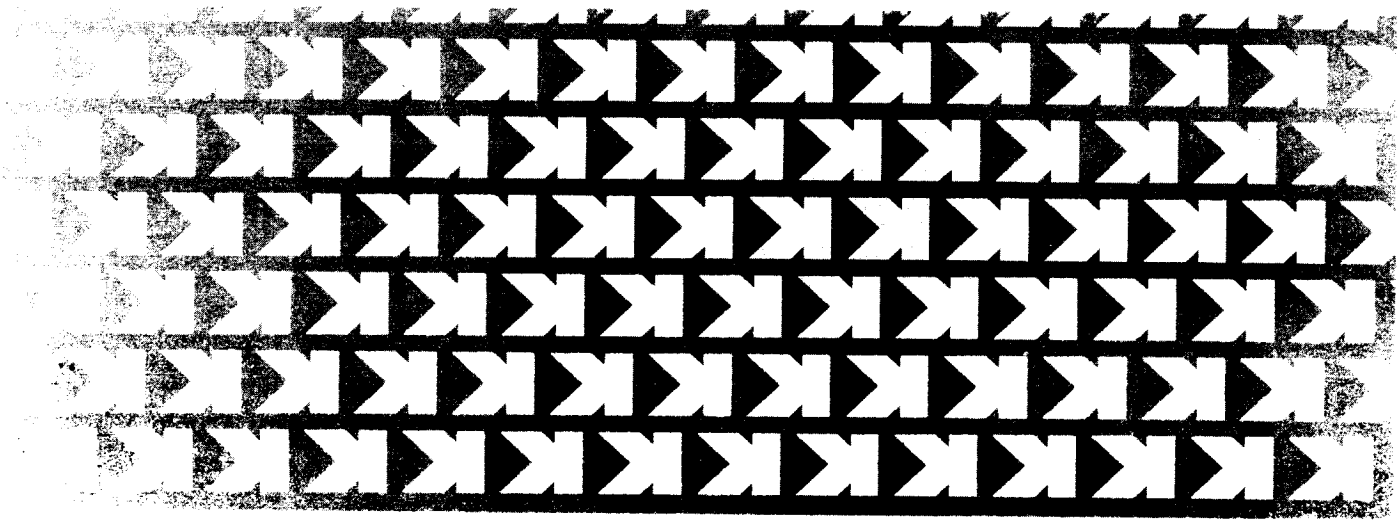
10 016124 26 0251 0264 050016136

⑈004030904⑈ ⑆072404786⑆ 21769653 39⑈ ⑈0000007750⑈

⑆21871866⑆ ⑈0000007750⑈

DOCUMENT TOTAL	DISCOUNT TOTAL	1099 WTAX TOTAL	NET AMOUNT
77.50	.00	.00	77.50

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



74 Potty Circle

BAYSTATE
SAFE & ALARM

DIVISION OF BAYSTATE SAFE & LOCK, INC.

~~1457 RIVERDALE STREET (RT.5)~~ • WEST SPRINGFIELD, MA 01089
FAX: (413) 739-5476 • EMAIL: BAYSTATESA@AOL.COM
WEST SPRINGFIELD, MA • (413) 733-7306 / NORTHAMPTON, MA • (413) 584-4341
WESTFIELD, MA • (413) 568-5625 / ENFIELD, CT • (860) 745-2266

Invoice

Date	Invoice
12/7/2001	142883

Bill To

K Mart
301 E Main Street
Westfield MA 01085

Job Location

K Mart
301 E Main Street
Westfield MA 01085

Debbie

P.O. No.	Terms	Due Date
	Due on receipt	12/7/2001

Item	Description	Qty.	Rate	Amount
Serv	Service Call	1	45.00	45.00
Labor	Labor (remove padlock)	0.5	65.00	32.50

2-7-02
1-877-453-5693
Brian
automatic stay
proof of claim
Bankruptcy Court
1-22-02

PAID
Check

Subtotal		$77.50
Sales Tax	**(5.0%)**	$0.00
Total		$77.50
Balance Due		$77.50

Returned ck + 10.00

87.50

Thank You We Appreciate Your Business.