FORM B10 (Official Form 10) 40-9787

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

$93 55

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 2320468

METRO TRUCK RENTAL INC
730 NORTH 8TH ST
BESSEMER, AL 35020

☐ 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 Metro Truck Rental, Inc.

Address 100 Metro Parkway

City/St/Zip Pelham, AL 35124

Telephone # (205)985-8701

1056456?

This Space is for Court Use Only

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 _____ (date) to _____ (date)

2. Date debt was incurred: December 15, 2001

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 93.55

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

3948

Date 4-10-02

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)

Paul Horton PAUL HORTON

4-15-02 RB

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

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, there may be exceptions to these general rules.

DEFINITIONS

Debtor

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

Creditor

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

Proof of Claim

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). Claims are to be mailed to Kmart Corporation, et al., c/o Trumbull Services Company, LLC, P.O. Box 426, Windsor, CT 06095.

Secured Claim

A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property.

Examples of liens are a mortgage on real estate and a security interest in a car, truck, boat, television set, or other item of property. A lien may have been obtained through a court proceeding before the bankruptcy case began; in some states a court judgment is a lien. In addition, to the extent a creditor also owes money to the debtor (has a right of setoff), the creditor's claim may be a secured claim. (See also Unsecured Claim.)

Unsecured Claim

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

Unsecured Priority Claim

Certain types of unsecured claims are given priority so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as Unsecured Nonpriority Claims.

Items to be completed in Proof of Claim form (if not already filled in)

Court, Name of Debtor, and Case Number:
Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, Northern District of Illinois), the name of the debtor in the bankruptcy case, and the bankruptcy case number.

Information about Creditor:
Complete the section giving the name, address, and telephone number of the creditor to whom the debtor owes money or property, and the debtor's account number, if any. If anyone else has already filed a proof of claim relating to this debt, if you never received notices from the bankruptcy court about this case, if your address differs from that to which the court sent notice, or if this proof of claim replaces or changes a proof of claim that was already filed, check the appropriate box on the form.

1. **Basis for Claim:**
Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the debtor, fill in your social security number and the dates of work for which you were not paid.

2. **Date Debt Incurred:**
Fill in the date when the debt first was owed by the debtor.

3. **Court Judgments:**
If you have a court judgment for this debt, state the date the court entered the judgment.

4. **Total Amount of Claim at Time Case Filed:**
Fill in the total amount of the entire claim. If interest or other charges in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.

5. **Secured Claim:**
Check the appropriate place if the claim is a secured claim. You must state the type and value of property that is collateral for the claim, attach copies of the documentation of your lien, and state the amount past due on the claim as of the date the bankruptcy case was filed. A claim may be partly secured and partly unsecured. (See DEFINITIONS, above.)

6. **Unsecured Priority Claim:**
Check the appropriate place if you have an unsecured priority claim, and state the amount entitled to priority. (See DEFINITIONS, above.) A claim may be partly priority and partly nonpriority if, for example, the claim is for more than the amount given priority by the law. Check the appropriate place to specify the type of priority claim.

7. **Credits:**
By signing this proof of claim, you are stating under oath that in calculating the amount of your claim you have given the debtor credit for all payments received from the debtor.

8. **Supporting Documents:**
You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not available, you must attach an explanation of why they are not available.

METRO TRUCK RENTAL, INC.

No. FO 113[illegible]

BESSEMER	HUEYTOWN	HOMEWOOD	PELHAM-ALABASTER	PELHAM-HWY 119	CENTERPOINT	TRUSSVILLE
425-5571	491-2665	942-1942	663-1250	985-9151	853-1201	655-1115

RENTAL CONTRACT

COMPANY NAME: K-mart #3528	DATE OUT: 12-14-01	MILEAGE IN: 75359	
ADDRESS: Inverness	DATE DUE: 12-15-01	MILEAGE OUT: 75320	
CITY STATE, ZIP:	DATE IN: 12-14-01	MILEAGE USED: 39	
PHONE:	DESTINATION:	CARGO:	
DRIVER: Walter Walker Sr.	LICENSES: 6755706 ADL	DOB: 12-22-86	EXP: 2-20-05
PHONE:	ADDRESS:		

Truck # 24943 rate per day 52.00 — 52.00

LDW 12.00 per day — 12.00

39 miles at .20 per mile — 7.80

Other _____

Sub. 71.80

Tax — 5.74

Refueling 8 Gallons @ $2.00 — 16.00

DEPOSIT CA

TOTAL $ 93.54

1 A Customer assumes all risk arising from the use of EQUIPMENT and understands that EQUIPMENT can cause injury or death to customers or others if used improperly.

B You represent to us that you carry liability insurance in at least the minimum amounts prescribed by law. [illegible] liability, [illegible] bodily injury and property damage, no fault, uninsured motorists [illegible] comprehensive will be used to pay any damages due to third party as well as to cover damage to or loss of the Equipment incurred during the Rental [illegible]. Your insurance is Primary, [illegible] is Secondary. Where the state allows us to [illegible] not to carry uninsured motorist coverage or no-fault or other coverages, we have so elected.

C By initials customer declines or [illegible] Damage Waiver (LDW) at rate shown. If accepts, Customer is responsible for the first $1,[illegible] damage. If declines, customer is responsible for all loss or damage to vehicle including [illegible]. If (LDW) is declined customer must have a certificate of insurance at time of rental. (LDW) is NOT [illegible] (LDW) is collision coverage [illegible] liability and applies to rental equipment only. Your insurance is Primary, [illegible] is Secondary.

ACCEPTS (LDW) [illegible] DECLINES (LDW) _____

2 [illegible] METRO TRUCK RENTAL, INC. [illegible] materials [illegible] resulting from the [illegible] EQUIPMENT.

3 Customer promises to hold METRO TRUCK RENTAL, INC. [illegible] claims [illegible] the use of EQUIPMENT.

4 Customer will return the EQUIPMENT to METRO TRUCK RENTAL, INC. at [illegible] Pelham, AL [illegible] time agree[illegible] [illegible] damage to EQUIPMENT [illegible] DAMAGE.

6 [illegible] for any [illegible] her vehicle [illegible] goods [illegible]

7 [illegible] periodically [illegible] EQUIPMENT [illegible] EQUIPMENT [illegible] Customer [illegible] due to [illegible]

8 Customer [illegible] fines occasioned by illegal use of the EQUIPMENT.

9 [illegible] at least 21 years of age and possess a valid [illegible]

10 Customer will not take EQUIPMENT [illegible] authorized.

11 METRO [illegible] EQUIPMENT [illegible]

12 [illegible] the EQUIPMENT [illegible] agrees to fill with fuel or pay amount determined by METRO TRUCK RENTAL, INC. for refilling [illegible] the event that the EQUIPMENT [illegible] returned in as clean a [illegible] was [illegible] charge [illegible] METRO TRUCK RENTAL, INC. [illegible] make the determination as to [illegible] the EQUIPMENT.

13 The EQUIPMENT [illegible] and in accordance with the terms and conditions [illegible] this [illegible] customer represents that he [illegible] the same.

[illegible] 12-14-01 [illegible]

Customer [illegible] Date Initials

METRO Truck Rental
100 Metro Parkway
Pelham, AL 35124-1171
Phone: 205.985.8701
Fax: 205.985.8710

Invoice

Number: **3790**

Date: **December 15, 2001**

Bill To:

K-MART INVERNESS 3528
1100 INVERNESS CORNERS
BIRMINGHAM, AL 35242

Bill To:

PO Number | **Terms : DUE ON RECEIPT** | **Contract Number**

C1139

Product ID	Description	Quantity	Price	T	Amount
	24' TRUCK $52.00/DAY	1 00	52 00	✔	52 00
	LDW @ $12.00 PER DAY	1 00	12 00	✔	12 00
	MILES @ 20/MILE	39 00	0 20	✔	7 80
	GAS @ $2.00 PER GALLON	8 00	2 00		16 00

Sub-Total	**$87.80**
Tax 8.00% on 71.80	5 75
Total	**$93.55**

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
$0 00	$0.00	$0 00	$93.55	$93.55