

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		PROOF OF CLAIM Chapter 11
In Re Kmart Corporation, et al		Your claim is scheduled as follows:
Case Numbers 02-02462 through 02-02499		Class NOT SCHEDULED
Name of Debtor: (see attached for complete list of debtors) K Mart of North Carolina LLC	Case Number: 02-02465	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): PIEDMONT NATURAL GAS CO P.O. BOX 33068 CHARLOTTE, NC 28233 2231	<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 checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	C-2231223
If address differs from above, please complete the following: Creditor Name: Piedmont Natural Gas Address: 806 Greenvalley Rd PO Box 29527 City/St/Zip: Greensboro, NC 27429		This Space is for Court Use Only
Telephone: 336 272 9881		
Account or other number by which creditor identifies debtor: 1000488 226001	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 type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other Gas Service Rendered.	<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: Gas Service up until 1-22-02	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 1501.61		
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.		This Space is for Court Use Only
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.		APR 15 2002
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.		#4040 4-15-02
Date 4/4/02	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): Diane Callimore CSK	
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.		

diane

CM054 NO UPDATE PERFORMED
K MART STORE #3669 1000488226001 DD 021 BIL/CYC 04-046
ATTN VENDOR PAY DEPT ACT OPN 082391 RD/CYC 04 CHARGE OFF *NOTES*
003740 S HOLDEN RD RATE 122-811 OFF 020402 DC
GREENSBORO NC 27406-0000 *NM* LAST-TRAN 02/07/02
***** 01-12 CHARGE OFF ACCOUNT ***** 02/07/02 *** 0752 **

TOTAL AMT CHARGED OFF.. 1,501.61

CHARGE OFF TYPE GAS RELATED SUBJECT TO DISCONN
CHARGE OFF AMOUNT..... 1,501.61
STATE TAX AMOUNT
EXCISE TAX AMOUNT
CITY TAX AMOUNT
OTHER TAX AMOUNT
CHARGE OFF DATE 02/07/02
CHARGE OFF REASON BANKRUPT
CHARGE OFF DESCRIPTION CHPT#11 01-22-02
COLLECTION AGENCY

* * * ARE THERE MORE RECORDS NO * * *
DSPLY 13 KEY _____ TO NEW SS ___ DSPLY ___ KEY _____