FORM B10 (Official Form 10) 0043669

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)

08 2292938

UTILITY BILLING SERVICES
PO BOX 8100
LITTLE ROCK, AR 72203

☐ 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: Central Arkansas Water Telephone # 501-377-1200
Address: P.O. Box 8100
City/St/Zip: Little Rock, AR 72203

10634248

This Space is for Court Use Only

Account or other number by which creditor identifies debtor: 555-0499.300

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: M-01

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 305.99
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.

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SM # 40609

TRUSTEE

2002 APR 15 AM 8:38
4-15-02
BANKRUPTCY

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)
4/11/02	Susan Courtney

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.

CUSTOMER # 555-0499 300	SERVICE PREMISE ADDRESS INFO	ON DATE
INACTIVE	6201 ASHER AVE	LAST PD 1/16/2002
K MART-UNIV INVESTMENTS		LST BILL 2/04/2002
@ANN ONEAL REAL ESTATE D	FIRE SERVICE	ACH DT NOT ON ACH
3100 W BIG BEAVER	CLASS 19 INSIDE CITY-STANDPIPE	DUE DT 3/15/2002
	RATE	NOTICE 12/20/2001
TROY MI	TAX CD 0 TAXABLE	# DELQ 1
ZIP CD 48084	TAX TP	SHUT DT
PHONE # 562-3232	TD	OFF DT 3/13/2002

Today's Charges Less Payments= Giving a New Balance of$ 305 99

AR	CURRENT	30 DAYS	60 DAYS	90 DAYS	PENALTY	ACCOUNT BAL
WA			152 10	128.25	25.64	305.99
SW						
RF						
TL			152.10	128 25	25 64	305 99

LATE INSTALLS	DEPOSITS	PEND	INT
DUE INSTALLS			
FUTURE INSTALLS	BUDGET ARR	ACTUAL ARR	305 99
LEFT INSTALLS	BUDGET DUE	ACTUAL CUR	
** depress F1 for help, or END to end		ACTUAL DUE	305 99