4001062

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)
KMART CORPORATION

Case Number:
02-02474

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 2417202

ALL TEX SECURITY INC
8035 MAPLE ST
OMAHA, NE 68134

☐ 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.

Your claim is scheduled as follows:
Class
UNSECURED NON PRIORITY
Amount
$55.00

10577419

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If address differs from above, please complete the following:
Creditor Name:
Address:
City/St/Zip:
Telephone: # 402 392 0393

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: DEC 20, 2001

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 55.00
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 $ 55.00
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 # 4122

RECEIVED
TRUMBULL SERVICES COMPANY
2002 APR 15 PM 10:37
4-15-02
BANKRUPTCY

Date: 4/11/02

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):
Bradley D. Berry President

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.

DEBIT

TWO RIVERS STATE BANK
BLAIR, NE 68008 ARLINGTON, NE 68002

Date 1-31-02.
Account Number 1005040-43

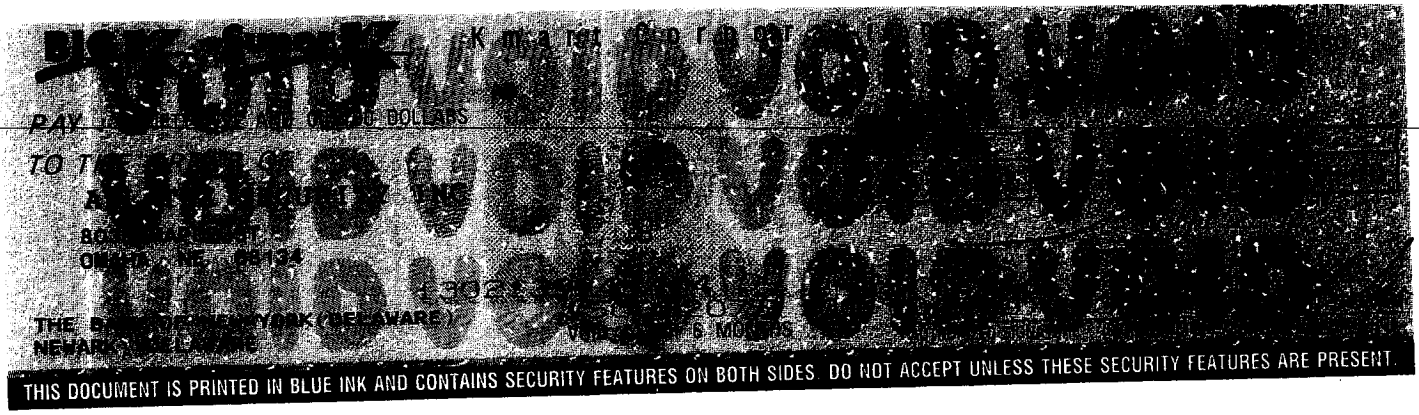
WE CHARGE YOUR ACCOUNT AND RETURN TO YOU THE UNPAID ITEMS, AS LISTED.

RETURN ITEMS

KEY TO REASON FOR NON-PAYMENT		KEY	ON	AMOUNT
1. Account Closed	6. No Account	11	Big K Mart	55.00
2. Amounts Differ	7. Post Dated			
3. Endorsement Irregular	8. Payment Stopped			
4. Endorsement Missing	9. Signature Irregular		A Return item deposit fee of $2.00 will be charged to your account	
5. Insufficient Funds	10. Signature Missing			
(1) Refer to Maker				
			TOTAL	55.00

All Sex Security, Inc.
8035 Maple St.
Omaha, Ne 68134-5648

⑆104903595⑆



THIS DOCUMENT IS PRINTED IN BLUE INK AND CONTAINS SECURITY FEATURES ON BOTH SIDES. DO NOT ACCEPT UNLESS THESE SECURITY FEATURES ARE PRESENT.

⑈011401580⑈ ⑆C 100351⑆ ⑈030097574⑈ ⑈0000005500⑈

⑆104903595⑆ ⑈0000005500⑈

FRB PHILA-AA

FRB PHILA-AA

ADT TEA SECURITY INC
(DUNS NUMBER: 00-098-6885)

BANK NO: 7

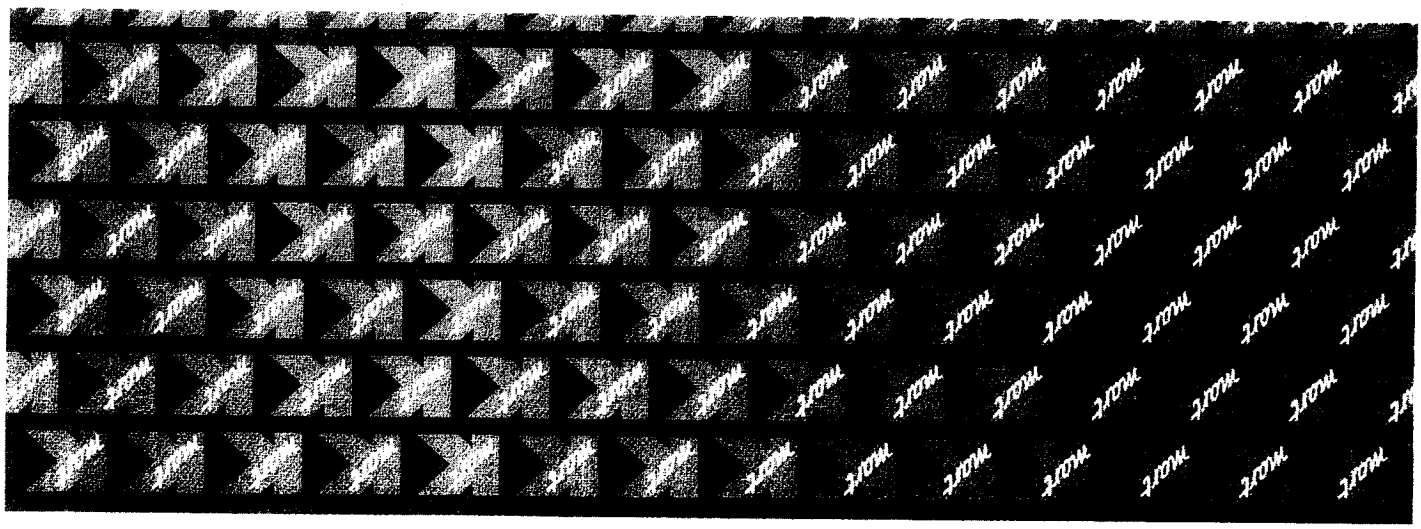
* PLEASE RENDER STATEMENT EACH MONTH SHOWING ALL PAST DUE INVOICES AND CREDITS
* OPPOSITE EACH CHARGE. ADDRESS ALL CORRESPONDENCE CONCERNING REMITTANCES TO

STORE NO.	DOCUMENT NUMBER	P.O. NUMBER / FICHE NO(*)	DOC. DATE	ENTRY CODE	DOCUMENT AMOUNT		DEPT NO.
3581	5470	090030508A*	12/20/01		55.00	00	400

1-877-453 5693
VICTORIA
WILL NOT PAY
RECOGNIZE
(214402)
278-2324

DOCUMENT TOTAL	DISCOUNT TOTAL	1099 WTAX TOTAL	NET AMOUNT
55.00	.00	.00	55.00

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



ALL-TEX SECURITY, INC.
8035 MAPLE ST.
OMAHA, NE 68134-6554
Phone: 392-8393

CUST ID : KMART

SOLD TO :

K MART
2107 HERMAN DR.
BELLEVUE, NE 68005

TERMS : UPON RECEIPT
REPRESENTATIVE : JRM

PRODUCT ID / DESCRIPTION	QUANTITY	U/M	TX	UNIT PRICE	AMOUNT
L-CCTV Service Per Request	1	HOUR	N	55.00	55.00

PAID
CK NO. 011107
DATE 04-20-05
55.00

ALL-TEX SECURITY, INC.
8035 Maple Street
OMAHA, NEBRASKA 68134
(402) 392-0393
FAX (402) 392-0794

NAME K-Mart
ADDRESS 2107 Hexman Drive
Bellevue, NE 68005
JOB NAME / LOCATION
DESCRIPTION OF WORK

DATE OF ORDER 12/19/01
PHONE 291-2320
DATE PROMISED
ORDER TAKEN BY Brad
☑ DAY WORK
☐ CONTRACT
☐ EXTRA

QTY.	DESCRIPTION	PRICE	AMOUNT
	Fiber cable from Front Register to Electronics not hooked up Hooked up and Tested		

Josh Dunn

LABOR	HOURS	RATE	AMOUNT	TOTAL MATERIALS	
Brad Lomas	1			TOTAL LABOR	
WORK ORDERED BY Carolyn Frost		TOTAL LABOR		TAX	
WORK ORDER	DATE COMPLETED		Thank You	TOTAL	

SIGNATURE (I hereby acknowledge the satisfactory completion of the above described work.

B