FORM B10 (Official Form 10) 6003274

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

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)

13 2230643

CITY UTILITIES
P O BOX 5177
HUNTINGTON, IN 46750 2230

- ☐ 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
Telephone #
Address
City St /Zip

12503678

This Space is for Court Use Only

Account or other number by which creditor identifies debtor: 114 55000

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: 1-15-02

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 688.39
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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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):
Judith K. Gaskill, Office Manager

A.B. 4-15-02 46669

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

FROM: TECHNICAL SERVICES PHONE NO. 219 [illegible] Feb. 15 2002 02:31PM P1

ITEM LISTED BELOW WAS DEPOSITED BY YOU AND
BEEN RETURNED UNPAID TO US FOR THE REASON
CAIED. WE HAVE CHARGED YOUR ACCOUNT AS SHOWN.
ON: REFER TO MAKER

WIPPUS STATE BANK
Serving the Area Since 1911 MAIN OFFICE Huntington IN 46750

: 1/21/02 ACCOUNT: 116020 BALANCE: 100,075.57

CHECK#	AMOUNT	BANK #	CHARGE	MAKER
1400096	688.39	0300975174	.00	KMART CORP

R/S ACCOUNT: 0

HUNTINGTON MUNICIPAL UTILITIES
300 CHERRY ST
HUNTINGTON IN 46750

LAST DEPOSIT: 10786.72 01/25/02

AS OF - 01/28/02

BIG K SuperK Kmart Corporation 62-35/311
CHECK NUMBER: 011400096

PAY SIX HUNDRED EIGHTY-EIGHT AND 39/100 DOLLARS

TO THE ORDER OF
CITY UTILITIES
P O BOX 5177
HUNTINGTON IN 46750

CHECK DATE 01/15/2002

CHECK AMOUNT ******688.39

REFER TO MAKER

THE BANK OF NEW YORK(DELAWARE)
NEWARK, DELAWARE

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

"011400096" :031 0351: "0300975174" "000000688390"