

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 <i>3100 W. Big Weaver Trcy, Ill.</i>		Case Number: TX ID 38-0729 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.		Your claim is scheduled as follows: Class UNSECURED NON PRIORITY Amount \$5,967.82
Name of Creditor (The person or other entity to whom the debtor owes money or property) 748084 11 2300234 GASPARE SABELLA 411 HARRY TOWN AVE. STATEN ISLAND, NY 10306		10568950 This Space is for Court Use Only
If address differs from above, please complete the following: Creditor Name Address SAME City/ST/Zip		
Telephone # 718-987-6726		
Account or other number by which creditor identifies debtor		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 checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other		<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/ 1/3/02 - 1/13/02		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: 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.		\$ 6,170.25
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. 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		
Date 4/8/02	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) Gaspere Sabella	
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		AB. 4-15-02 469A

**UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

Notice of Chapter 11 Bankruptcy Case, Meeting of Creditors, & Deadlines

A Chapter 11 bankruptcy case concerning Kmart Corporation ("Kmart") and thirty-seven of its subsidiaries, all of which are listed on Exhibit A hereto (collectively, the "Debtors"), was filed on January 22, 2002. You may be a creditor of the Debtors. **This notice lists important deadlines.** You may want to consult an attorney to protect your rights. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below. NOTE: The staff of the bankruptcy clerk's office cannot give legal advice.

See Next Page For Important Explanations

Debtor:
Kmart Corporation
3100 West Big Beaver Road
Troy, MI 48084

Case Number: 02-02474
Taxpayer ID No.: 38-0729500

Attorney for Debtors (name and address):
John Wm. Butler, Jr.
J. Eric Ive
Skadden, Arps, Slate, Meagher
& Flom (Illinois)
333 West Wacker Drive, Suite 2100
Chicago, IL 60606-1285

Telephone Number:
(312) 407-0501

Meeting of Creditors

Date: May 2, 2002 Time: 1:00 p.m. Location: Sheraton Chicago Hotel & Towers
301 East North Water Street, Chicago, Illinois 60611

Deadline to File a Proof of Claim

Proofs of Claim must be *received* by the Debtors' Claims Agent, Trumbull Services, LLC, by:
July 31, 2002, 4:00 p.m. Eastern Time
Further information concerning the filing of Proofs of Claim, including the address for the Claims Agent, is contained in the Notice of Last Date and Procedures for Filing Proofs of Claim enclosed herewith.

Creditors May Not Take Certain Actions

The filing of the bankruptcy case automatically stays certain collection and other actions against the Debtors and the Debtors' property. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized.

Address of the Bankruptcy Clerk's Office:
Everett McKinley Dirksen Courthouse
219 South Dearborn Street
Seventh Floor
Chicago, Illinois 60604
Telephone number: (312) 435-5694
Website: www.ilnb.uscourts.gov

For the Court:

Clerk of the Bankruptcy Court:
Kenneth Gardner

Hours Open:
9:00 am to 4:30 p.m.

Date:
April 1, 2002



411 Tarrytown Avenue
Staten Island, NY 10306

Phone: 718-987-6726
Fax: 718-987-7769
Email: GSGOLFA @AOL.COM

GASPARE SABELLA

DATE 1/13/02


INVOICE# 1029

4700 Big Kmart
4700 Big Kmart
4700 Big Kmart

DUNS# 053-5955

SERVICE CAT new work

Repair all sheet rock walls
in pantry stock room
Install silicone in pantry floor due
to cracks on walls
Repair all cracks on walls
receiving on block walls


Gaspare Sabella

Sub Total 1,248.00
Tax 102.96
Total \$1,350.96

Facility Services Work Order Survey Form

Store # _____

Location _____

Contract / Work Order # _____

Amount of Contract \$ 1350.91

Contractor GASPARI SABELLO

Dated Awarded 1/13/02

Project CAT 1 WORK

Store/Operations Manager's Signature _____

Store/Operations Manager's Name (Print) ROSE GRANT

Contractor's Signature _____

STORE STAMP

4785 Big Kmart
8973 BAY Parkway
Brooklyn NY

Date Time Started 1/13/02

Date Time Completed 4/13/02

Number of people in crew (3)

Date 1/13/02

Date 1/13/02



411 Tarrytown Avenue
Staten Island, NY 10306

Phone 718-987-6726
Fax: 718-987-7769
Email GSGOLFA@AOL.COM

GASPARE SABELLA

DATE 1/13/02

INVOICE# 1028


9419 Big Kmart

RENTAL PLAZA
66-26 METROPOLITAN AVE.
MIDDLE VILLAGE, NY 11270

DUNS# 053-5955

SERVICE

Repair Broken Door By
one Hour photo
Repair Broke counter By self check out
Register
Repair Broken counter By supervisor
STATION
Repair Broke Harm By cosmetic counter


Gaspare Sabella

Sub Total	282 00
Tax	23 26
Total	<u>\$305.26</u>



411 HARRYTOWN AVE
STATEN ISLAND, NY 10306

Phone: 718-987-6726
Fax: 718-987-7769
Email: GSGOLFA @AOL.COM



GASPARI SABELLA

DATE 11/13/02

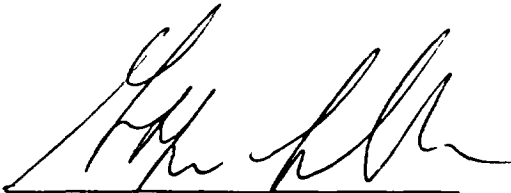
INVOICE# 1030

DUNS# 053-5955

SERVICE

1 Repair Broken Door By maine
Room By LAYAWAY

2 Install Fire Door
By elevator in upper level


Gaspari Sabella

Sub Total	520 ⁰⁰
Tax	42 90
Total	<u>\$562,90.</u>

Facility Services Work Order Survey Form

Store # 8150
Location 6600

Contract / Work Order # _____

Amount of Contract \$ 562,90

Contractor GASPARO SAKILLA

Dated Awarded 1/12/02

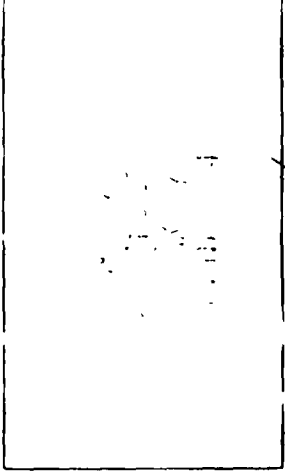
Project General Repair

Store/Operations Manager's Signature [Signature] Date 1/13/02

Store/Operations Manager's Name (Print) [Name]

Contractor Signature [Signature] Date 1/13/02

STOF STAMP



Date/Time Started 1/13/02

Date/Time Completed 1/13/02

Number of people in crew 1



411 Tarrytown Avenue
Staten Island, NY 10306

Phone: 718-987-6726
Fax: 718-987-7769
Email: CSGOLFA@AOL.COM

GASPARE SABIELLA

DATE

1/12/01

INVOICE# 1027

9419 Big Kmart

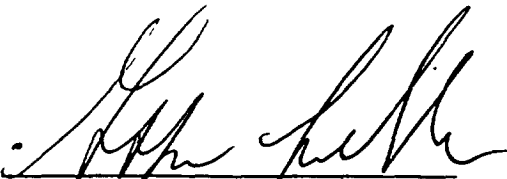
RENTAL PLAZA
65-26 METROPOLITAN AVE.
MIDDLE VILLAGE NY 11379

DUNS# 053-5955

SERVICE

CAT. one work

Repair Holes in Stock Room
walls. AND Install plywood
AND pl wood AND SCOT SEAMS
on Block walls


Gaspare Sabella

Sub Total
Tax
Total

657 00

54 20

\$711.20

City Services
Order Survey Form

9410 Big Knopf

66-261 ETRON CULITAN AVENUE
MIDDLE VILLAGE NY 11379

Work Order # _____

of Contract \$ 711.20

or Gaspare Sabella

Date/Time Started 1/12/02

Date/Time Completed 1/12/02

Number of people in crew _____

Worked 1/19/02

CAF 2 work instock Room

Operations Manager's Signature [Signature] Date 1/12/02

Operations Manager's Name (Print) Patricia Dennis

City's Signature [Signature] Date 1/12/02

STORE STAMP

9410 Big Knopf

66-26 MTR CULITAN AVENUE
MIDDLE VILLAGE NY 11379



411 Tarrytown Avenue
Staten Island, NY 10306

Phone 718-987-6726
Fax: 718-987-7769
Email: GSGOLFA @AOL.COM

GASPARE SABELLA

DATE

1/5/02

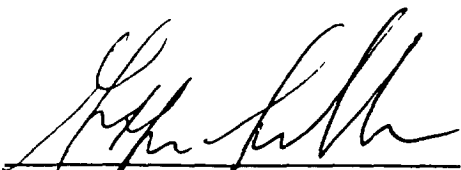
INVOICE#

1025

DUNS# 053-5955

SERVICE

Build one new office
By Ballor Room
Install Plywood walls and frame
Install one new door and
Formica counter in office


Gaspare Sabella

Sub Total
Tax
Total

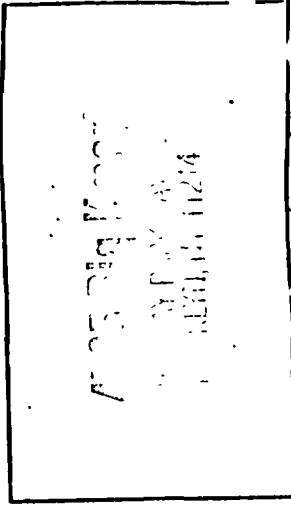
832.00
68.64
900.64

Facility Services Work Order Survey Form

Store # _____
Location _____
Contract / Work Order # _____
Amount of Contract \$ 900.64
Contractor GASPARA SABELLA

Dated Awarded 1/2/02
Project build new ice office by car water
Store/Operations Manager's Signature [Signature]
Store/Operations Manager's Name (Print) Michael M. [Signature]
Contractor's Signature [Signature]

STORE STAMP



Date/Time Started 1/5/02
Date/Time Completed 1/5/02
Number of people in crew (2)

Date 1/5/02
Date 1/5/02



411 Tarrytown Avenue
Staten Island, NY 10306

Phone: 718-987-6726
Fax: 718-987-7769
Email: GSGOLFA @AOL.COM

GASPARE SABELLA

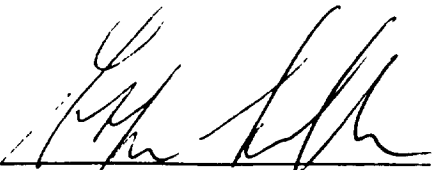
DATE 1/3/02

INVOICE# 1024

DUNS# 053-5955

SERVICE

Repair Broken Floor Tiles
on Sales Floor on lower
level. An upper level


Gaspare Sabella

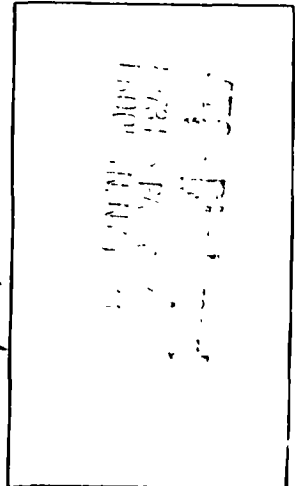
Sub Total
Tax
Total

423.⁰⁰
34.90

457.90

Facilities Services
Work Order Survey Form

STORE STAMP



Store # _____

Location _____

Contract Work Order # _____

Amount of Contract \$ 457,90

Contractor GASPARI Spabolla

Estimated Date 1/3/02

Project Tile work

Store/Operations Manager's Signature [Signature] Date 1/5/02

Store/Operations Manager's Name (Print) Michael Murphy

Contractor's Signature [Signature] Date 1/5/02

Date/Time Started 1/3/02

Date/Time Completed 1/3/02

Number of people in crew (1)



411 Tarrytown Avenue
Staten Island, NY 10306

Phone: 718-987-6726
Fax: 718-987-7769
Email: GSGOLFA @AOL.COM

GASPARE SABELLA

DATE 1/5/02

INVOICE# 1023

1705 Elm Street

0703

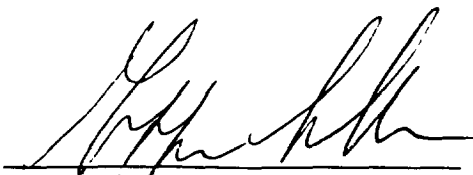
BRONX, NY

DUNS# 053-5955

SERVICE

CAT 1 work

patch Holes on stock Room
Floor AND walls Install plywood
on columns AND Repair sheet Rock
Due To CAT 1 work


Gaspare Sabella

Sub Total
Tax
Total

1,456⁰⁰
1,2012

\$1,576,12

Facility Services
Work Order Survey Form

Store #: _____

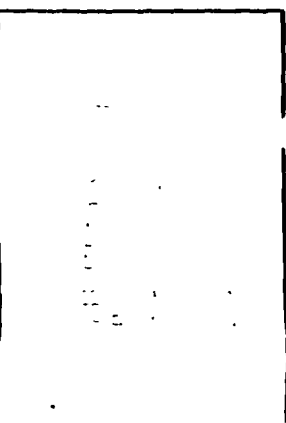
Location _____

Contract / Work Order # _____

Amount of Contract \$ 1526.12

Contractor 61 Square Cabilla

STC E STAMP



Date/Time Started 1/24/02

Date/Time Complete 1/14/01

Number of people crew (2)

Date Awarded 11/23/01

Project Give Project

Sic e/Operations Manager's Signature Michael Murphy Date 1/5/02

Sic e/Operations Manager's Name (Print) Michael Murphy

Contractor's Signature Michael Murphy Date 1/5/02

\$6,770.25



411 Tarrytown Avenue
Staten Island, NY 10306

Phone 718 987 6726
Fax 718-987-7769
Email GSGOLFA @AOL.COM

GASPARI SABELLA

1202.43
diff.

DATE 1/5/02

INVOICE# 1022

DUNS# 053-5955

SERVICE

Repair Broken Show Case
By PAINT counter
Repair Broken Floor Tiles outside
Floor
Install Rubber Reducer By main
entrance of the store

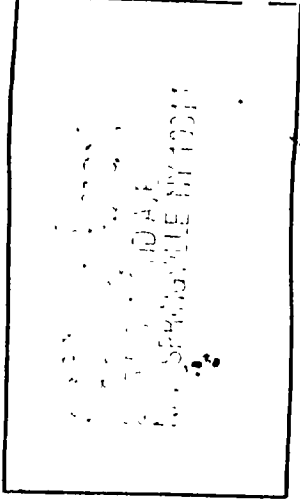
Gaspare Sabella

Sub Total	282 00
Tax	23 27
Total	<u>305.27</u>

Facility Services Work Order Survey Form

Store # _____
Location 10310 Ely Avenue
Contract / Work Order # 2075
NEW SERVICE
Amount of Contract \$ 305.27
Contractor CASOARO SABELLA

STORE STAMP



Date/Time Started 1/4/02
Date/Time Completed 1/5/02
Number of people in crew (2)

Dated Awarded _____
Project 1/3/02
Store/Operations Manager's Signature [Signature] Date 1/5/02
Store/Operations Manager's Name (Print) [Name]
Contractor's Signature [Signature] Date 1/5/02

April 8, 2002

Kmart Corporation
C/O Trumbull Services, LLC
P O Box 426
Windsor, CT 06095

Re Case # 02-02474
Kmart Corporation, Troy MI

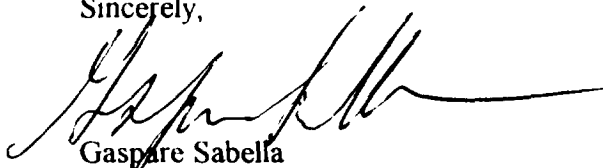
Dear Sir/Madam

I would like to start my letter saying that if I mailed these documents to the wrong party, I apologize and please forward to right party or mail back to me with correct party to mail to. I am not sure if consulting with an attorney would help me cost wise because of the amount owed to me, however, because I am a small independent contractor, you can understand any amount of reimbursement would be greatly appreciated

Also, as you can see from the attached invoice copies, the amount Kmart owes me is \$6,170 25 – not \$5,967 82, a difference of \$202 43. The difference is not much, but every dollar helps

If any further information is needed, please do not hesitate to contact me Thanks in advance for your consideration in this matter.

Sincerely,



Gaspare Sabella
411 Tarrytown Avenue
Staten Island, NY 10306
Tel 718-987-6726

* NOT SURE WHERE TO MAIL
NOT ATTEMPT TO COLLECT