

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		PROOF OF CLAIM Chapter 11
<b>In Re Kmart Corporation, et al.</b>		<b>Case Numbers 02-02462 through 02-02499</b>
<b>Name of Debtor</b> (see attached for complete list of debtors)		<b>Case Number:</b>
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.		<b>Your claim is scheduled as follows:</b>
Name of Creditor (The person or other entity to whom the debtor owes money or property)		<b>Class</b>
T. ANSON PROVISION CO ACCT RECEIVABLE P.O. BOX 830143 SAN ANTONIO, TX 78283		UNSECURED NON PRIORITY
11 2301876		<b>Amount</b>
<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 type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		\$768.06
<b>If address differs from above, please complete the following:</b> Creditor Name _____ Telephone # <b>(202) 226-8397</b> Address _____ City St Zip _____		10568600
Account or other number by which creditor identifies debtor		This Space is for Court Use Only
Check here if <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____		
<b>1. Basis for Claim</b> <input checked="" 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 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)
<b>2. Date debt was incurred:</b>		<b>3. If court judgment, date obtained:</b>
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>982.56</u>		
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.		
<b>5. Secured Claim.</b> <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 <u>at time case filed</u> included in secured claim, if any \$ _____		<b>6. Unsecured Priority Claim.</b> <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)( )
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>8. Supporting Documents:</b> 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. <b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		This Space is for Court Use Only <div style="text-align: center; font-size: 2em;">4763</div> <div style="text-align: center;">4-15-02</div> <div style="text-align: center;">APR 15 PM 2:10</div> <div style="text-align: center;">BANKRUPTCY</div>
Date 4-10-02	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) <div style="text-align: center;"> <b>GARY LAXSON</b>  <b>PRESIDENT</b> </div>	
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.		

**LAXSON PROVISION CO**  
(DUNS NUMBER: 00-001-0000)

Kmart Corporation

DUNS NO. 0000-896-5873

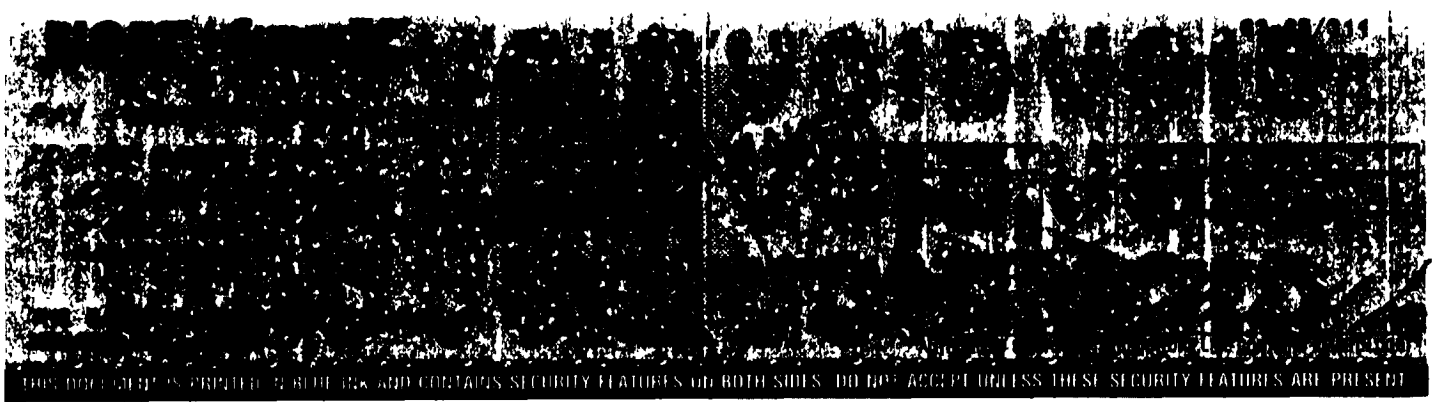
BANK NO: 7

CHECK DATE : 01/11/2002  
CHECK NUMBER: 011388178  
CHECK AMOUNT: 371.81

- \* PLEASE RENDER STATEMENT EACH MONTH SHOWING ALL PAST DUE INVOICES AND CREDITS. STORE AND INVOICE NUMBER MUST BE SHOWN
- \* OPPOSITE EACH CHARGE, ADDRESS ALL CORRESPONDENCE CONCERNING REMITTANCES TO A/P AUDIT DEPARTMENT.

STORE NO.	DOCUMENT NUMBER	P.O. NUMBER / FIGURE NO(*)	DOC. DATE	ENTRY CODE	DOCUMENT AMOUNT	DISCOUNT AMOUNT	DISCOUNT % CODE	DEPT NO.
3848	28482		1/02/02		82.10	.00		874
3848	28838		1/08/02		29.88	.00		874
3882	28880		12/28/01		107.34	.00		374
4841	28848		1/04/02		182.51	.00		174
DOCUMENT TOTAL					371.81			
DISCOUNT TOTAL					.00			
1099 WTAX TOTAL					.00			
NET AMOUNT								371.81

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



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

011398178 0310351 030097517 090078589 400 52 4403 4430 00000037161

Date 1/10/02

No. 21528

**CUSTOMER**

ADDRESS

ROUTE 12

[illegible]

On line following each item, give reason for pick up, credit or discrepancy, Inv No and date received, and code or date on product (If Applicable)

APPROVED BY

RECEIVED BY DRIVER

RECEIVED AT PLANT.

# OFFICE RECEIPT



# THE LAXSON COMPANY

264 W. LACHAPPELLE ST.  
SAN ANTONIO, TEXAS 78204

# INVOICE

Invoice Number: 27051

Invoice Date: 1/11/02

Page Number 1

Voice: (210) 226-8397 Out of Town (800) 223-9670  
Fax (210) 226-0537 email laxson@texas.net

Manufacturers and Jobbers of fine Sausage and Meat Products

Sold To

Ship To

**SUPER K MART CORPORATION**  
**3100 WEST BIG BEAVER**  
**TROY, MI 48064-3163**

**KMART SUPER STORE # 3848**  
**12300 SAN PEDRO**  
**SAN ANTONIO, TX 78216**

210.650.3200

CUSTOMER ID		CUSTOMER PO		TERMS (ALSO SEE)	
KMART		1 A		Net 7 Days	
SALES REP ID		ROUTE SHIPPING METHOD		SHIP DATE	DUE DATE
12		LAXSON			1/18/02
QUANTITY	ITEM	DESCRIPTION		UNIT PRICE	EXTENSION
36.00	13094	ALAMO BEEF CHORIZO 12/12oz VP		1.040	37.44
12.00	12051	LAXSON CERVELAT 12/1#		1.740	20.88
12.00	11001	SCHAEFER VP RINGS 10#		1.740	20.88
30.00	57202	BEEF BRAINS		1.450	43.50
120.00	57218	TRIPE, EXCEL		0.390	46.80
1.00		DZ COTTEN GLOVES		9.400	9.40
*****MEAT MARKET*****					

Thank You

(\*) TERMS: Net weekly. All deliveries made during the week are due and payable the following Monday PAST DUE if not paid by Friday. A service charge of 1% per month may be applied to past due amounts. Payable in San Antonio, Bexar County, Texas.

ABOVE ITEMS  
RECEIVED IN  
GOOD CONDITION: X

Subtotal

178.90

\$178.90

TOTAL

\$178.90



# THE LAXSON COMPANY

264 W. LACHAPPELLE ST.  
SAN ANTONIO, TEXAS 78204

# INVOICE

Invoice Number: **27047**

Invoice Date: **1/11/02**

Page Number: **1**

Voice: (210) 226-8397 Out of Town (800) 221-9670  
Fax: (210) 226-0537 email: laxson@texas.net

*Manufacturers and Jobbers of fine Sausage and Meat Products*

Sold To

Ship To

**SUPER MART CORPORATION**  
**3100 WEST BIG BEAVER**  
**TROY, MI 48064-3163**

**KMART SUPER CENTER # 4941**  
**O'CONNOR & IH 35 - 11711 IH 35**  
**SAN ANTONIO, TX 78233**

**210.650.3200**

CUSTOMER ID		CUSTOMER PO		TERMS (LAXSON SETS)	
<b>KMART</b>		<b>4</b>		<b>Net 7</b>	
CUSTOMER REF ID		ROUTE / SHIPPING METHOD		SHIP DATE	
<b>12</b>		<b>LAXSON</b>		<b>1/18/02</b>	

QUANTITY	ITEM	DESCRIPTION	UNIT PRICE	EXTENSION
2.00		<b>COTTEN GLOVES</b>	9.400	18.80
30.00	<b>54011</b>	<b>DRY SALT BELLIES V.P. CHUNKS</b>	1.490	44.70
		<b>MEAT MARKET</b>		

*Thank You*

(\*) TERMS Net weekly All deliveries made during the week are due and payable the following Monday PAST DUE if not paid by Friday A service charge of 1 1/2% per month may be applied to past due amounts Payable in San Antonio, Bexar County, Texas.

ABOVE ITEMS  
RECEIVED IN  
GOOD CONDITION: X

*[Handwritten signature]*

Subtotal

**63.50**

**\$63.50**

**TOTAL**

**\$63.50**



# THE LAXSON COMPANY

264 W. LACHAPPELLE ST.  
SAN ANTONIO, TEXAS 78204

# INVOICE

Invoice Number:

Invoice Date:

1/18/02

Page Number:

1

Voice (210) 226-8397 Out of Town (800) 223-9670  
Fax (210) 226-0537 email laxson@laxson.net

Manufacturers and Jobbers of fine Sausage and Meat Products

Sold To

Ship To

**SUPER K MART CORPORATION**  
**3100 WEST BIG BEAVER**  
**TROY, MI 48064-3163**

**KMART SUPER CENTER # 4041**  
**O'CONNOR & IH 35 - 11711 IH 35**  
**SAN ANTONIO, TX 78233**

210.650.3200

12300 SAN PEDRO

CUSTOMER ID		CUSTOMER		TERMS (ALSO SEE)	
KMART		1 DELI		Net 7 Days	
SALES REP ID		ROUTE SHIPPING METHOD		SHIP DATE	DUE DATE
12		LAXSON		1/18/02	1/18/02
QUANTITY	ITEM	DESCRIPTION		UNIT PRICE	EXTENSION

2.00

DZ COTTEN GLOVES

9.400

18.80

*Thank You*

(\*) TERMS Net weekly All deliveries made during the week are due and payable the following Monday. PAST DUE If not paid by Friday A service charge of 1-1/2% per month may be applied to past due amounts Payable in San Antonio, Bexar County, Texas

ABOVE ITEMS  
RECEIVED IN  
GOOD CONDITION: X

Subtotal

18.80

\$18.80

TOTAL

\$18.80

*George Lewis #418*



# THE LAXSON COMPANY

264 W. LACHAPPELLE ST.  
SAN ANTONIO, TEXAS 78204

# INVOICE

Invoice Number: **26956**

Invoice Date: **1/9/02**

Page Number: **1**

Voice (210) 226-8397 Out of Town (800) 223-9670  
Fax (210) 226-0537 email: laxson@texas.net

*Manufacturers and Jobbers of fine Sausage and Meat Products*

Sold To

Ship To.

**SUPER K MART CORPORATION  
3100 WEST BIG BEAVER  
TROY, MI 48064-3163**

**KMART SUPER STORE # 3992  
2015 SW LOOP 410  
SAN ANTONIO, TX 78227**

**210.650.3200**

CUSTOMER ID		CUSTOMER PO		TERMS (ALSO SEE 7)	
<b>KMART</b>		<b>4</b>		<b>Net 7 Days</b>	
SALES REP ID		ROUTE SHIPPING METHOD		SHIP DATE	DEL DATE
<b>12</b>		<b>LAXSON</b>			<b>1/16/02</b>
QUANTITY	ITEM	DESCRIPTION		UNIT PRICE	EXTENSION
<b>10.00</b>	<b>14400</b>	<b>LAXSON BARBACOA 2/5# BAG</b>		<b>2.550</b>	<b>25.50</b>

*Thank You*

(\*) TERMS Net weekly All deliveries made during the week are due and payable the following Monday PAST DUE if not paid by Friday A service charge of 1 1/2% per month may be applied to past due amounts Payable in San Antonio, Bexar County, Texas

ABOVE ITEMS

RECEIVED IN

GOOD CONDITION: X

*Maria Tapia*

Subtotal

**25.50**

**\$25.50**

**TOTAL**

**\$25.50**

**THE LAXSON COMPANY - 264 W. LACHAPPELLE STREET - SAN ANTONIO, TEXAS 78204**

PICK UP ORDER — CREDIT MEMO — DISCREPANCY REPORT

No. 21511

Date 11/3/02

**CUSTOMER**

ADDRESS

ROUTE

[illegible]

On line following each item, give reason for pick up, credit or discrepancy, Inv No and date received, and code or date on product (If Applicable)

APPROVED BY

RECEIVED BY DRIVER

RECEIVED AT PLANT

## OFFICE RECEIPT





# THE LAXSON COMPANY

264 W. LACHAPPELLE ST.  
SAN ANTONIO, TEXAS 78204

# INVOICE

Invoice Number: **26839**

Invoice Date: **1/4/02**

Page Number: **1**

Voice (210) 226-8397 Out of Town (800) 223-9670  
Fax (210) 226-0537 email laxson@texas.net

**Manufacturers and Jobbers of fine Sausage and Meat Products**

Sold To

Ship To

**SUPER K MART CORPORATION  
3100 WEST BIG BEAVER  
TROY, MI 48064-3163**

**KMART SUPER STORE # 3848  
12300 SAN PEDRO  
SAN ANTONIO, TX 78216**

**210.650.3200**

CUSTOMER ID		CUSTOMER PO		TERMS (ALSO SEE)	
<b>KMART</b>				<b>Net 7 Days</b>	
SALES REP ID		ROUTE/SHIPPING METHOD		SHIP DATE	DUE DATE
<b>12</b>		<b>LAXSON</b>			<b>1/11/02</b>

QUANTITY	ITEM	DESCRIPTION	UNIT PRICE	EXTENSION
<b>12.00</b>	<b>13099</b>	<b>LAXSON PORK CHORIZO 12/12oz</b>	<b>1.250</b>	<b>15.00</b>

*Thank You*

(\*) TERMS Net weekly All deliveries made during the week are due and payable the following Monday PAST DUE if not paid by Friday A service charge of 1 1/2% per month may be applied to past due amounts Payable in San Antonio, Bexar County, Texas

ABOVE ITEMS  
RECEIVED IN

GOOD CONDITION: X

*Jay L. [Signature]*

Subtotal

**15.00**

**\$15.00**

**TOTAL**

**\$15.00**

# OFFICE RECEIPT



# THE LAXSON COMPANY

264 W. LACHAPPELLE ST.  
SAN ANTONIO, TEXAS 78204

# INVOICE

Invoice Number: **26783**

Invoice Date: **1/3/02**

Page Number: **1**

Voice (210) 226-8397 Out of Town (800) 223-9670  
Fax (210) 226-0537 email laxson@texas.net

*Manufacturers and Jobbers of fine Sausage and Meat Products*

Sold To

Ship To

**SUPER K MART CORPORATION  
3100 WEST BIG BEAVER  
TROY, MI 48084-3163**

**KMART SUPER STORE # 3992  
2015 SW LOOP 410  
SAN ANTONIO, TX 78227**

**210.650.3200**

CUSTOMER ID		CUSTOMER PO		TERMS (ALSO SEE)	
<b>KMART</b>		<b>5</b>		<b>Net 7 Days</b>	
SALES REP ID		ROUTE/SHIPPING METHOD		SHIP DATE	DUE DATE
<b>12</b>		<b>LAXSON</b>			<b>1/10/02</b>

QUANTITY	ITEM	DESCRIPTION	UNIT PRICE	EXTENSION
12.00	13099	LAXSON PORK CHORIZO 12/12oz	1.250	15.00
60.00	13094	ALAMO BEEF CHORIZO 12/12oz VP	1.040	62.40

*Thank You*

(\*) TERMS Net weekly All deliveries made during the week are due and payable the following Monday PAST DUE if not paid by Friday A service charge of 1 1/2% per month may be applied to past due amounts. Payable in San Antonio, Bexar County, Texas

ABOVE ITEMS  
RECEIVED IN  
GOOD CONDITION: X

Subtotal

**77.40**

**\$77.40**

**TOTAL**

**\$77.40**

GOOD CONDITION: X 11/27/20 2020/11/27



# THE LAXSON COMPANY

264 W LACHAPPELLE ST.  
SAN ANTONIO, TEXAS 78204

# INVOICE

Invoice Number. **21854**

Invoice Date **7/6/01**

Page Number **1**

Voice (210) 226-8397 Out of Town (800) 223-9670  
Fax (210) 226-0537 email laxson@texas.net

*Manufacturers and Jobbers of fine Sausage and Meat Products*

Sold To

Ship To

**SUPER K MART CORPORATION  
3100 WEST BIG BEAVER  
TROY, MI 48084-3163**

**KHART SUPER STORE # 3848  
12900 SAN PEDRO  
SAN ANTONIO, TX 78216**

210.650.3200

CUSTOMER ID		CUSTOMER PO		TERMS (ALSO SEE*)	
<b>KMART</b>		<b>2A</b>		<b>Net 7 Days</b>	
SALES REP ID		ROUTE/SHIPPING METHOD		SHIP DATE	DUE DATE
<b>12</b>		<b>LAXSON</b>			<b>7/13/01</b>
QUANTITY	ITEM	DESCRIPTION		UNIT PRICE	EXTENSION

10.00	14400	LAXSON BARBACOA 2/5# BAG	2.450	24.50
10.00	14421	LXN CARNE GUISADA 2/5#	2.350	23.50
		"CHUNKY		
30.00	54022	30# BLK SLT BACON XL no. 1	1.890	56.70
16.70	59111	BIG EYE SWISS CHEESE	2.890	48.26

*DELI*

*Thank You*

(\*) TERMS Net weekly All deliveries made during the week are due and payable the following Monday PAST DUE if not paid by Friday A service charge of 1 1/2% per month may be applied to past due amounts Payable in San Antonio, Bexar County, Texas

Subtotal

**152.96**

**\$152.96**

**TOTAL**

**\$152.96**

ABOVE ITEMS

RECEIVED IN

GOOD CONDITION X

*Philip Moushine*



# THE LAXSON COMPANY

264 W. LACHAPPELLE ST.  
SAN ANTONIO, TEXAS 78204

# INVOICE

Invoice Number **26646**

Invoice Date **12/28/01**

Page Number **1**

Voice (210) 226-8397 Out of Town (800) 223-9670  
Fax (210) 226-0537 email laxson@texas.net

*Manufacturers and Jobbers of fine Sausage and Meat Products*

Sold To

Ship To

**SUPER K MART CORPORATION  
3100 WEST BIG BEAVER  
TROY, MI 48084-3163**

**KMART SUPER CENTER # 4941  
O'CONNOR & IH 35 - 11711 IH 35  
SAN ANTONIO, TX 78233**

**210.650.3200**

CUSTOMER ID		CUSTOMER PO		TERMS (ALSO SEE)	
<b>KMART</b>		<b>4</b>		<b>Net 7 Days</b>	
SALES REP ID		ROUTE/SHIPPING METHOD		SHIP DATE	DUE DATE
<b>12</b>		<b>LAXSON</b>			<b>1/4/02</b>

QUANTITY	ITEM	DESCRIPTION	UNIT PRICE	EXTENSION
<b>30.00</b>	<b>54011</b>	<b>DRY SALT BELLIES V.P. CHUNKS</b>	<b>1.490</b>	<b>44.70</b>

\*\*\*\*\*  
MEAT MARKET  
\*\*\*\*\*

*Thank You*

(\*) TERMS Net weekly All deliveries made during the week are due and payable the following Monday PAST DUE if not paid by Friday A service charge of 1 1/2% per month may be applied to past due amounts Payable in San Antonio, Bexar County, Texas

ABOVE ITEMS  
RECEIVED IN  
GOOD CONDITION: X

*[Signature]*

Subtotal

**44.70**

**\$44.70**

**TOTAL**

**\$44.70**