

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		PROOF OF CLAIM Chapter 11
In Re Kmart Corporation, et al.		Your claim is scheduled as follows:
Case Numbers 02-02462 through 02-02499		Class
Name of Debtor (see attached for complete list of debtors) <i>KMART CORPORATION</i>		UNSECURED NON PRIORITY
Case Number: <i>02-02474</i>		Amount
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) NEEDHAM PLUMBING ELECTRIC ACCOUNTS PAYABLE PO BOX 333 OCALA FL 34478 11 2423379		\$4,131.26
If address differs from above, please complete the following: Creditor Name Address City St./zip		10579937
Telephone #		This Space is for Court Use Only
Account or other number by which creditor identifies debtor	Check here if <input type="checkbox"/> replaces <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:	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: <i>\$ 4,131.26</i>		
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.		
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 <i>4788</i> <i>JB</i> <i>15</i>
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 <i>4/8/02</i>	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) <i>THOMAS M. NEEDHAM Thomas M. N</i>	
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		

BANKRUPTCY
4-15-02



NEEDHAM ENTERPRISES, INC.
 NEEDHAM PLUMBING-ELECTRIC
 P O Box 333 • Ocala, FL 34478
 Ph. (352) 629-6933 • Fax (352) 629-7239

INVOICE

5558

DATE 12/10/01	ORDER NO.
SHIP TO	

TO K. MART # 4727
 2403 SW 27TH AVE
 Ocala, FL 34474

	<p>1) FURNISH AND INSTALL NEW 82 GALLON 3Ø ELECTRICAL COMMERCIAL WATER HEATER</p> <p>AS PER AGREEMENT</p>		<p>3100</p> <p>\$3100.00</p>
--	---	--	------------------------------

Thank You!

BIG K Super K

K. M. ... Corp. ...

063102152

478/724

CHECK NUMBER 004028182

PAY TO THE ORDER OF
NEEDHAM PLUMBING ELECTRIC
PO BOX 333
OCALA FL 34478

CHECK DATE
01/08/2002

CHECK AMOUNT
\$3,100.00

COMERICA BANK & TRUST N.A.
ANN ARBOR MI

[Signature]
AUTHORIZED SIGNATURE

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

⑈004029182⑈ ⑆072404786⑆ 2176965339⑈ ⑆0000310000⑆

SUNTRUST

SUNTRUST BANK, NORTH CENTRAL FLORIDA
P.O. BOX 310
OCALA, FL. 34478-0310

Returned Deposited Check Notification

PAGE 1 OF 1

IF YOU HAVE QUESTIONS ANYTIME DAY OR NIGHT CALL US AT
1-800-786-8767

THE FOLLOWING CHECK(S) YOU RECENTLY DEPOSITED TO YOUR ACCOUNT WERE RETURNED TO SUNTRUST UNPAID. THE AMOUNT OF THE CHECK(S) HAS BEEN DEDUCTED FROM YOUR ACCOUNT. IF YOUR CHECKS ARE NOT ENCLOSED, PLEASE CALL US.

ACCOUNT NUMBER: 72-000010465
DATE OF DEDUCTION: 01-24-2002

AMOUNT	SEQ NUM	AMOUNT	SEQ NUM
3,100.00	41120089		

NEEDHAM PLUMBING-ELECTRIC
PO BOX 333
OCALA FL 34478-0333

BANK: 00072 CENTER: 0720099
ITEMS ENCLOSED: YES

NUMBER ITEMS-SUBTOTAL: 1
NUMBER ITEMS-TOTAL: 1

AMOUNT-SUBTOTAL: \$ 3,100.00
AMOUNT-TOTAL: \$ 3,100.00
SERVICE CHARGE-SUBTOTAL: \$ 6.00
SERVICE CHARGE-TOTAL: \$ 6.00

Since 1889 - 4th Generation



NEEDHAM ENTERPRISES, INC.

NEEDHAM PLUMBING-ELECTRIC

P O Box 333 • Ocala, FL 34478

Ph. (352) 629-6933 • Fax (352) 629-7239

||| ||| \ / () || () ||

5620

DATE 1/8/02	ORDER NO.
SHIP TO Kmart # 4727 LITTLE CAESARS OCALA, FL	

TO Kmart # 4727
2403 SW 27TH AVE
OCALA, FL 34474

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
1	REPLACE TWO 18A MAGNETIC CONTACTORS FOR FRIGEST FAIR ON Roof		487.70
			\$ 487.70

Thank You!

Since 1889 - 4th Generation



NEEDHAM ENTERPRISES, INC.
NEEDHAM PLUMBING-ELECTRIC

P O Box 333 - Ocala, FL 34478

Ph. (352) 629-6933 • Fax (352) 629-7239

INVOICE

5509

DATE 12/24/01	ORDER NO.
SHIP TO	

TO K-MART # 3424
 900 NW 76TH BLVD.
 GAINESVILLE, FL 32606

QTY	DESCRIPTION	UNIT	PRICE	TOTAL
	1) ROD OUT SINK DRAIN IN CARPORT PHARMACY			
	2) REPAIR LEAKING FAUCETT IN GARDEN SHOP.			
	3) CAP OFF SPRINKLER SYSTEM AND SOLONIDS IN GARDEN SHOP.			
				548.50
				\$ 548.50

Thank You!

