

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)		Case Number:
<p>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.</p>		<p>Your claim is scheduled as follows:</p> <p>Class UNSECURED NON PRIORITY</p> <p>Amount \$292.50</p>
<p>Name of Creditor (The person or other entity to whom the debtor owes money or property):</p> <p style="text-align: right;">11 2415996</p> <p style="text-align: center;">SMILLIE PLUMBING & HEATING INC 10270 PIERCE RD FREELAND, MI 48623</p>		<p>10577142</p> <p>This Space is for Court Use Only</p>
<p><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.</p> <p><input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.</p> <p><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.</p>		
<p>If address differs from above, please complete the following:</p> <p>Creditor Name: _____ Telephone: # _____</p> <p>Address: _____</p> <p>City/St/Zip: _____</p>		
<p>Account or other number by which creditor identifies debtor: _____</p>		<p>Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated _____</p>
<p>1. Basis for Claim</p> <p><input type="checkbox"/> Goods sold</p> <p><input checked="" type="checkbox"/> Services performed</p> <p><input type="checkbox"/> Money loaned</p> <p><input type="checkbox"/> Personal injury/wrongful death</p> <p><input type="checkbox"/> Taxes</p> <p><input type="checkbox"/> Other</p>		<p><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a)</p> <p><input type="checkbox"/> Wages, salaries, and compensation (fill out below)</p> <p>Your SS #: _____</p> <p>Unpaid compensation for services performed from _____ to _____ (date) (date)</p>
<p>2. Date debt was incurred: 11-28-01</p>		<p>3. If court judgment, date obtained:</p>
<p>4. Total Amount of Claim at Time Case Filed: \$ 455.00</p> <p>If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.</p> <p><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.</p>		
<p>5. Secured Claim.</p> <p><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).</p> <p>Brief Description of Collateral:</p> <p><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle</p> <p><input type="checkbox"/> Other _____</p> <p>Value of Collateral: \$ _____</p> <p>Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____</p>		<p>6. Unsecured Priority Claim.</p> <p><input type="checkbox"/> Check this box if you have an unsecured priority claim.</p> <p>Amount entitled to priority \$ _____</p> <p>Specify the priority of the claim:</p> <p><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).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4).</p> <p><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).</p> <p><input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).</p>
<p>7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.</p> <p>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.</p> <p>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.</p>		<p>This Space is for Court Use Only</p> <p>CL 4832</p> <p>4-13-08</p>
<p>Date</p> <p>4-8-02</p>	<p>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):</p> <p style="text-align: center;"><i>[Signature]</i> JAW SMILLIE . PRES .</p>	
<p>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.</p>		



Plumbing & Heating, Inc.

10270 Plance Road
Freedland, MI 48623
Phone (517) 695-5133 • Fax (517) 695-2226

INVOICE

Date: 12/26/01
Due Date: 01/15/02
Inv. No.: 8124
Page No.: 1

KMART2
KMART
ATTN: ACCOUNTS PAYABLE
1820 S. SAGINAW RD.
MIDLAND MI 48840

Ship To/Remarks

REFERENCE TERMS YOUR # OUR # SALES REP

20days net

DESCRIPTION
REFERENCE QUANTITY UNIT PRICE EXTENDED PRICE
WORK PERFORMED PER SERVICE ORDER INVOICE
#3594. (ATTACHED)
TOTAL: 195.00

*** We Appreciate Your Business ***

SUB TOTAL	0.00
TAX TOTAL	195.00
NET TO PAY	195.00

(517) 695-5133 FAX (517) 695-2226

3584

BILL TO _____

THIS WORK IS TO BE
 C.O.D. CHARGE NO CHARGE

MAKE	MAKE
MODEL	MODEL
SERIAL NUMBER	SERIAL NUMBER

NAME K-MART
 STREET _____
 CITY MIDLAND
 PHONE _____
 DATE 12/21/01
 PROMISED _____
 TECHNICIAN HAROLD
 WORK TO BE PERFORMED MILK COOLER WARM

ENVIRONMENTAL CHECK LIST		WORK PERFORMED	
WORK PERFORMED	QTY.	TYPE/DISPOSITION	
<input type="checkbox"/> RECOVERED			
<input type="checkbox"/> RECYCLED			
<input type="checkbox"/> RECLAIMED			
<input type="checkbox"/> RETURNED			
<input type="checkbox"/> DISPOSAL			
<input type="checkbox"/> DISMANTLED			
<input type="checkbox"/> CHANGED OUT/REPLACED			
TOTAL \$			

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
	REFRIGERANT R- LBS.		
	FILTERS x x		
	FILTERS x x		
	BELTS		
TOTAL MATERIALS			

DESCRIPTION OF WORK PERFORMED
 I CHECKED THIS COOLER AND FOUND THE CONDENSER BLOCKED WITH DUST. I VACUUMED IT CLEAN & CHECKED THE REFRIGERANT LEVEL & GENERAL OPERATION. TEMPS IS NOW DOWN TO 30°F. I ADJUSTED THE THERMOSTAT TO A WARMER TEMPERATURE.

CONDENSING UNIT		COND'S/ATE DRAINS	
LEVELED		CLEANED MAIN DRAIN	
CLEANED COIL		REPAIRED MAIN DRAIN	
CHECKED CHARGE		CLEANED PAN DRAIN	
REPAIRED LEAK IN COIL		REPAIRED PAN DRAIN	
REPAIRED LEAK IN COPPER		FURN. OR FAN COIL	
# REF.		REPLACED BELT	
CHECKED MOTOR		ADJUSTED BELT	
CHANGED MOTOR		REPLACED PULLEY	
REPLACED BELT		ADJUSTED PULLEY	
ADJUSTED BELT		CLEANED BLOWER	
REPLACED MOTOR		REPLACED BEARINGS	
REPL. START. RELAY		OILED MOTOR	
REPL. START. CAPACITOR		OILED BEARINGS	
REPLACED RUN CAPACITOR		CLEANED HEAT EXCH.	
CLEANED ADJ. CONTACTOR		REPLACED HEAT EXCH.	
REPAIRED WIRING		CLEANED OR ADJ. PILOT	
REPLACED FUSE		REPLACED THERMOCOUPLE	
REPLACED COMPRESSOR		REPLACED VALVE	
EVAPORATOR COIL		REPLACED VALVE	
REPLACED EXP. VALVE		CLEANED BURNERS	
ADJUSTED EXP. VALVE		DUCT	
REPLACED CAP. TUBE		REPAIRED	
CLEANED CAP. TUBE		ADJUSTED	
REPAIRED CAP. TUBE		THERMOSTAT	
REPAIRED COPPER CONN.		REPLACED	
CLEANED COIL		ADJUSTED	
LEVELED COIL			
ELECT. HTR.		CLG TOWER	
REPLACED LINK		CLEANED	
REPLACED KLIX.			
REPAIRED WIRE		PUMP(S)	
REPLACED CONT.		GREASED	
		REPAIRED	
FILTERS	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED		

HRS.	LABOR	RATE	AMOUNT
3	12/21/01 HAROLD	65.00	195.00
TOTAL LABOR			195.00

RECOMMENDATIONS
 AND UNIT SHUT OFF. ALL IS IN GOOD WORKING ORDER.

TERMS _____
 I have authority to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment/materials furnished until final payment is made. If payment is not made as agreed, seller can remove said equipment/materials at Seller's expense. Any damage resulting from said removal shall not be the responsibility of Seller.
 CUSTOMER SIGNATURE _____ DATE _____

LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturers' or suppliers' written warranty only. All labor performed by the above named company is warranted for 30 days or as otherwise indicated in writing. The above named company makes no other warranties, express or implied, and its agents or technicians are not authorized to make any such warranties on behalf of above named company.
 REGULAR WARRANTY
 SERVICE CONTRACT
 Thank You

TOTAL SUMMARY

TOTAL MATERIALS		
TOTAL LABOR	195	00
TRAVEL CHARGE		
TAX		
TOTAL	195	00



Plumbing & Heating, Inc.

10270 Pierce Road
Friesland, MI 49823
Phone (517) 685-5133 • Fax (517) 685-2226

INVOICE

Date: 11/28/01
Due Date: 12/18/01
Inv. No.: 8073
Page No.: 1

KMART2
KMART
ATTN: ACCOUNTS PAYABLE
1820 S. SAGINAW RD.
MIDLAND MI 48640

Ship To/Remarks

REFERENCE TERMS YOUR # OUR # SALES REP

20days net

DESCRIPTION
REFERENCE
UNIT PRICE
QUANTITY
UNIT PRICE
TOTAL DISCOUNT
EXTENDED PRICE

WORK PERFORMED PER SERVICE ORDER INVOICE
#3598 (ATTACHED)
TOTAL: 182.50

*** We Appreciate Your Business ***

SUB TOTAL	0.00
TAX TOTAL	182.50
NET TO PAY	182.50

SMILLIE PLUMBING & HEATING, INC.

10270 Pierce Rd.
 FREEDAND, MICHIGAN 48623

HVAC SERVICE ORDER INVOICE

(517) 695-5133 FAX (517) 695-2226

BILL TO KMART.

3598

THIS WORK IS TO BE
 C.O.D. CHARGE NO CHARGE

MAKE	MAKE
MODEL	MODEL
SERIAL NUMBER	SERIAL NUMBER

NAME K-MART
 STREET _____
 CITY MIDLAND DATE 11/26/01
 PHONE 631-3620 PROMISED _____
 CALL BEFORE A.M. P.M.
 TECHNICIAN HAROLD AUTHORIZED BY DIANE
 WORK TO BE PERFORMED _____

ENVIRONMENTAL CHECK LIST		WORK PERFORMED	
WORK PERFORMED	QTY.	CONDENSING UNIT	COND SATE DRAINS
<input type="checkbox"/> RECOVERED		LEVELED	CLEANED MAIN DRAIN
<input type="checkbox"/> RECYCLED		CLEANED COIL	REPAIRED MAIN DRAIN
<input type="checkbox"/> RECLAIMED		CHECKED CHARGE	CLEANED PAN DRAIN
<input type="checkbox"/> RETURNED		REPAIRED LEAK IN COIL	REPAIRED PAN DRAIN
<input type="checkbox"/> DISPOSAL		REPAIRED LEAK IN COPPER	FURN. OR FAN COIL
<input type="checkbox"/> DISMANTLED		# REF.	REPLACED BELT
<input type="checkbox"/> CHANGED OUT/REPLACED		CHECKED MOTOR	ADJUSTED BELT
TOTAL \$		CHANGED MOTOR	REPLACED PULLEY
DESCRIPTION OF WORK PERFORMED		REPLACED BELT	ADJUSTED PULLEY
<p><i>COIL ICED - NOT LONG ENOUGH DEFROST. I SET TO 10 MINUTE FROM 40 MINUTES A 2 MONTHS AGO BE OF CUSTOMER COMPLAINT OF CABINET TEMP. INCREASE DURING DEFROST. THIS PROVED TO NOT BE LONG ENOUGH. I RESET BACK TO 40 MINUTES & DEFROSTED COIL WITH 2 CYCLES WHILE I WAS AT STORE 11/26/01.</i></p>		ADJUSTED BELT	CLEANED BLOWER
		REPLACED CONTACTOR	REPLACED BEARINGS
		REPL. START. RELAY	OILED MOTOR
		REPL. START. CAPACITOR	OILED BEARINGS
		REPAIRED RUN CAPACITOR	CLEANED HEAT EXCH.
		CLEANED OH ADJ. CONTACTOR	REPLACED HEAT EXCH.
		REPAIRED WIRING	CLEANED OR ADJ. PILOT
		REPLACED FUSE	REPLACED THERMOCOUPLE
		REPLACED COMPRESSOR	REPLACED VALVE
		EVAPORATOR COIL	REPLACED VALVE
		REPAIRED EXP. VALVE	CLEANED BURNERS
		ADJUSTED EXP. VALVE	DUCT
		REPLACED CAP. TUBE	REPAIRED
		CLEARED CAP. TUBE	ADJUSTED
		REPAIRED COIL LEAK	THERMOSTAT
REPAIRED COPPER CONN.	REPLACED		
CLEANED COIL	ADJUSTED		
LEVELED COIL			
ELECT. HTR.	CLG TOWER		
REPAIRED LINK	CLEANED		
REPLACED KLIX.			
REPAIRED WIRE	PUMP(S)		
REPLACED CONT.	GREASED		
	REPAIRED		
FILTERS	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED		

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
	REFRIGERANT R- LBS.		
	FILTERS x x		
	FILTERS x x		
	BELTS		

HRS.	LABOR	RATE	AMOUNT
2	11/26/01 HAROLD	65.00	130.00
.5	11/27/01 HAROLD	65.00	32.50
TOTAL LABOR			162.50

MATERIALS & LABOR MAY BE CONTINUED ON OTHER SIDE

TERMS _____

I have authority to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment/materials furnished until final payment is made. If payment is not made as agreed, seller can remove said equipment/materials at Seller's expense. Any damage resulting from said removal shall not be the responsibility of Seller.

CUSTOMER SIGNATURE _____ DATE _____

LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturers' or suppliers' written warranty only. All labor performed by the above named company is warranted for 30 days or as otherwise indicated in writing. The above named company makes no other warranties, express or implied, and its agents or technicians are not authorized to make any such warranties on behalf of above named company.

REGULAR WARRANTY
 SERVICE CONTRACT

Thank You

TOTAL SUMMARY	
TOTAL MATERIALS	
TOTAL LABOR	162.50
TRAVEL CHARGE	
TAX	
TOTAL	162.50

ADDITIONAL MATERIALS, SERVICES AND LABOR

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT	HRS.	LABOR	RATE	AMOUNT
	<i>11/27/01 I CHECKED THE OPERATION & ALL IS CORRECT.</i>						
TOTAL MATERIALS				TOTAL LABOR			

JOB COST RECORD

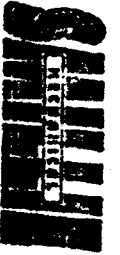
QTY.	DESCRIPTION	@	COST	QTY.	DESCRIPTION	@	COST
TOTAL MATERIALS							

TIME AND LABOR RECORD

TECHNICIAN	DATE	IN	OUT	IN	OUT	HOURS	RATE	AMOUNT

OTHER JOB EXPENSES

DESCRIPTION	COST	TOTAL LABOR
		TOTAL MATERIAL
		TOTAL OTHER JOB EXPENSES
		TOTAL COST
		TOTAL SELLING PRICE
		LESS TOTAL COST
		GROSS PROFIT
		LESS OVERHEAD COSTS % OF SELLING PRICE
TOTAL OTHER JOB EXPENSES		NET PROFIT



INVOICE

Plumbing & Heating, Inc.
 10270 Pierce Road
 Freeland, MI 49623
 Phone (617) 695-5133 • Fax (517) 695-2226

Date: 12/19/01
 01/08/02
 Due Date:

Inv. No.: 8108
 1
 Page No.:

KMART2
 KMART
 ATTN: ACCOUNTS PAYABLE
 1820 S. SAGINAW RD.
 MIDLAND MI 48640

Ship To/Remarks

REFERENCE

TERMS
 20days net

YOUR #

OUR #

SALES REP

DESCRIPTION
 REFERENCE
 MEASURE
 QUANTITY
 UNIT PRICE
 NET DISCOUNT
 EXTENDED PRICE
 WORK PERFORMED PER SERVICE ORDER INVOICE
 #2982 (ATTACHED)
 TOTAL

97.50

*** We Appreciate Your Business ***

SUB TOTAL	0.00
TAX	97.50
TOTAL	97.50
NET TO PAY	97.50

SMILLIE PLUMBING & HEATING, INC.
 10270 Pierce Rd.
 FREELAND, MICHIGAN 48623

HVAC 8108
SERVICE ORDER
INVOICE

(517) 695-5133 FAX (517) 695-2226

2982

BILL TO _____

THIS WORK IS TO BE
 C.O.D. CHARGE NO CHARGE

MAKE	MAKE
MODEL	MODEL
SERIAL NUMBER	SERIAL NUMBER

NAME *K-MART*
 STREET _____
 CITY *> MIDLAND*
 PHONE _____
 TECHNICIAN *HAROLD*
 WORK TO BE PERFORMED
CHECK OF PIZZA FREEZER AT
2 WEEK INTERVALS.

ENVIRONMENTAL CHECK LIST		
WORK PERFORMED	QTY.	TYPE/DISPOSITION
<input type="checkbox"/> RECOVERED		
<input type="checkbox"/> RECYCLED		
<input type="checkbox"/> RECLAIMED		
<input type="checkbox"/> RETURNED		
<input type="checkbox"/> DISPOSAL		
<input type="checkbox"/> DISMANTLED		
<input type="checkbox"/> CHANGED OUT/REPLACED		
		TOTAL \$

WORK PERFORMED	
CONDENSING UNIT	COND'SATE DRAINS
LEVELED	CLEANED MAIN DRAIN
CLEANED COIL	REPAIRED MAIN DRAIN
CHECKED CHARGE	CLEANED PAN DRAIN
REPAIRED LEAK IN COIL	REPAIRED PAN DRAIN
REPAIRED LEAK IN COPPER	FURN. OR FAN COIL
# REF.	REPLACED BELT
CHECKED MOTOR	ADJUSTED BELT
CHANGED MOTOR	REPLACED PULLEY
REPLACED BELT	ADJUSTED PULLEY
ADJUSTED BELT	CLEANED BLOWER
REPLACED CONTACTOR	REPLACED BEARINGS
REPL. START. RELAY	OILED MOTOR
REPL. START. CAPACITOR	OILED BEARINGS
REPLACED RUN CAPACITOR	CLEANED HEAT EXCH.
CLEANED OR ADJ. CONTACTOR	REPLACED HEAT EXCH.
REPAIRED WIRING	CLEANED OR ADJ. PILOT
REPLACED FUSE	REPLACED THERMOCOUPLE
REPLACED COMPRESSOR	REPAIRED VALVE
REPLACED EVAPORATOR COIL	REPLACED VALVE
REPLACED EXH. VALVE	CLEANED BURNERS
ADJUSTED EXH. VALVE	DUCT
REPLACED CAP. TUBE	REPAIRED
CLEARED CAP. TUBE	ADJUSTED
REPAIRED COIL LEAK	THERMOSTAT
REPAIRED COPPER CONN.	REPLACED
CLEANED COIL	ADJUSTED
LEVELED COIL	
ELECT. HTR.	CLG TOWER
REPLACED LINK	CLEANED
REPLACED KLIX.	
REPAIRED WIRE	PUMP(S)
REPAIRED PNT.	GREASED
REPAIRED PNT.	REPAIRED
FILTERS	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
	REFRIGERANT R- LBS.		
	FILTERS x x		
	FILTERS x x		
	BELTS		
TOTAL MATERIALS			

DESCRIPTION OF WORK PERFORMED
I CHECKED OPERATION OF THIS FREEZER. COIL IS COMPLETELY DEFROSTED + TEMP. IS -10°F. REFRIGERANT LEVEL IS CORRECT. DOWN LIGHTS ARE NOT WORKING PROBABLY DUE TO BURNED OUT FLUORESCENT BULB. IF YOUR MAINT. PEOPLE DO NOT DO THIS, I CAN

HRS.	LABOR	RATE	AMOUNT
1.5	12/13/01 HAROLD	65.00	97.50
TOTAL LABOR			97.50

RECOMMENDATIONS
IF YOU LET ME KNOW, THE REFRIGERATION OF THIS CASE IS IN GOOD WORKING ORDER. I TALKED WITH ~~THE~~ ^{DINE} AT STORE

TERMS _____
 I have authority to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment/materials furnished until final payment is made. If payment is not made as agreed, seller can remove said equipment/materials at Seller's expense. Any damage resulting from said removal shall not be the responsibility of Seller.
 CUSTOMER SIGNATURE _____ DATE _____

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 REGULAR WARRANTY
 SERVICE CONTRACT

Thank You

TOTAL SUMMARY	
TOTAL MATERIALS	
TOTAL LABOR	97.50
TRAVEL CHARGE	
TAX	
TOTAL	97.50