

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION**

**PROOF OF CLAIM
Chapter 11**

Your claim is scheduled as follows:

Class

UNSECURED NON PRIORITY

Amount

\$5,310.00

10583253

This Space is for Court Use
Only

Name of Debtor: (see attached for complete list of debtors)

Case Number:

Name of Creditor (The person or other entity to whom the debtor owes money or property):

11 3439776

ATOM ELECTRIC INC
15024 S ROSECREEK LANE
RIVERTON, UT 84065

- ☐ 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: # 801-420-0865

Address:

City/St/Zip:

Account or other number by which creditor identifies debtor:

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 9/24/01 to 11/8/01
(date) (date)

2. Date debt was incurred:

9/24/01 11/7/01 11/8/01

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 6,365.00

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.

This Space is for Court Use Only

CL

4849

4-12-02

Date

4-4-02

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):

Vance Warner - President

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.

NOTICE

The preceding page is a copy of the creditor's original proof of claim which contains their social security number. This number has been blacked out for privacy reasons. Following is the creditor's original proof of claim showing the creditors social security number.

TRUMBULL SERVICES, LLC

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	Your claim is scheduled as follows: Class UNSECURED NON PRIORITY Amount \$5,310.00 10583253 This Space is for Court Use Only	
Name of Debtor: (see attached for complete list of debtors)	Case Number:		
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): <div style="text-align: right; margin-right: 50px;">11 3439776</div> ATOM ELECTRIC INC 15024 S ROSECREEK LANE RIVERTON, UT 84065	<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.		
If address differs from above, please complete the following: Creditor Name: _____ Telephone: # 801-420-0865 Address: _____ City/State/Zip: _____			
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 checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other _____			
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input checked="" type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: 87-0684197 Unpaid compensation for services performed from 9/24/01 to 11/8/01 <div style="display: flex; justify-content: space-between; width: 100%;"> (date) (date) </div>			
2. Date debt was incurred: 9/24/01 11/7/01 11/8/01	3. If court judgment, date obtained:		
4. Total Amount of Claim at Time Case Filed: \$ 6,365.00 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 checked="" 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. 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.			This Space is for Court Use Only CL 4849 4-12-02
Date 4-4-02	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): Vance Waener - president		

ATOM ELECTRIC INC

Customer Open Balance

All Transactions

Type	Date	Num	Memo	Due Date	Open Balance	Amount
K-Mart #7425						
Invoice	9/24/01		Operating balan...	9/24/01	5,255.00	5,255.00
Invoice	11/7/01	60034		12/7/01	55.00	55.00
Invoice	11/8/01	60004		12/8/01	1,055.00	1,055.00
Total K-Mart #7425					6,365.00	6,365.00
TOTAL					6,365.00	6,365.00

inv.# 58271 = 55.00
 inv.# 58272 = 5,200.00 As per bid # 3445
 inv.# 60034 = 55.00
 inv.# 60004 = 1,055.00

W.O. # 60004

420-6330 • 420-0865 • 420-7986 DATE TIME

11-8-2001

WORK GUARANTEED FOR ONE YEAR

WORK GUARANTEED FOR ONE YEAR

Full Name Address

() ()

K-mart #7425

HOME PHONE

NAME

ADDRESS

CITY STATE ZIP

NAME K-MART #7425

ADDRESS 900 E. Expressway In.

CITY Spanish Fork STATE UT ZIP 84660

[illegible]

TOTAL MATERIAL

175.00

[Signature]
SERVICEMAN

	✓				

IF PAYMENT IS NOT MADE WHEN DUE, BUYER AGREES TO PAY A CHARGE ON THE AMOUNT PAST DUE AT A RATE OF 1 1/2% PER MONTH (18% PER ANNUM). IF IT IS NECESSARY FOR ATOM ELECTRIC TO INSTITUTE LEGAL PROCEEDINGS AGAINST BUYER TO ENFORCE TERMS OF THIS CONTRACT OF SALE, ATOM ELECTRIC SHALL BE ENTITLED TO RECOVER FROM BUYER ITS REASONABLE ATTORNEY'S FEES. I AM COMPLETELY SATISFIED WITH INSTALLATION, MATERIAL, PRICING, ETC. ON THIS INVOICE.

x

CUSTOMER'S SIGNATURE

PAYMENT
RECIEVED BY

CHECK #

TIME TO GO					
DATE:	/	/	IN:	OUT:	CUST. INT:
DATE:	/	/	IN:	OUT:	CUST. INT:

Run party to new Hallmark
Displays

LABOR			MATERIAL	
LABOR REGULAR UNITS	16 X RATE	PER 1/2 HR.	880.	00
LABOR PREMIUM UNITS	X RATE	PER 1/2 HR.		
TOTAL MATERIAL			175.	00
ADDITIONAL TECHNICIAN	X RATE	PER 1/2 HR.		
SPECIAL EQUIPMENT				

TOTAL AMOUNT

1,055.00

SUMMARY ☐

CONTINUE ☐

X _____

ABOVE WORK AUTHORIZED BY _____

TITLE _____ PRINT NAME _____

AUTHORIZED AGENT FOR _____

PLEASE REMIT ALL PAYMENTS TO OUR OFFICE. THANK YOU!

W.O. # 60034

420-6330 • 420-0865 • 420-7986

DATE TIME :

WORK GUARANTEED FOR ONE YEAR

() _____ () _____
HOME PHONE

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

JOE ADDRESS

() _____ () 798-8856
 K-MART 701-2-2
 WORK PHONE HOME PHONE
 NAME DOE EXPRESS
 ADDRESS SF #7425
 CITY _____ STATE _____ ZIP _____

[illegible]

TOTAL MATERIAL

STAN Smith

SERVICEMAN

IF PAYMENT IS NOT MADE WHEN DUE, BUYER AGREES TO PAY A CHARGE ON THE AMOUNT PAST DUE AT A RATE OF 1 1/4% PER MONTH (18% PER ANNUM). IF IT IS NECESSARY FOR ATOM ELECTRIC TO INSTITUTE LEGAL PROCEEDINGS AGAINST BUYER TO ENFORCE TERMS OF THIS CONTRACT OF SALE, ATOM ELECTRIC SHALL BE ENTITLED TO RECOVER FROM BUYER ITS REASONABLE ATTORNEY'S FEES. I AM COMPLETELY SATISFIED WITH INSTALLATION, MATERIAL, PRICING, ETC. ON THIS INVOICE.

X

CUSTOMER'S SIGNATURE

PAYMENT
RECIEVED BY

CHECK #

Time to Out

DATE: / / IN: OUT: CUST. INT:

DATE: / / IN: OUT: CUST. INT:

Disconnect power to
DISMAY

LABOR REGULAR UNITS X RATE PER 1/2 HR.

LABOR PREMIUM UNITS _____ X RATE _____ PER 1/2 HR.

TOTAL MATERIAL

ADDITIONAL TECHNICIAN _____ X RATE _____ PER 1/2 HR.

SPECIAL EQUIPMENT

SUMMARY

CONTINUE

TOTAL AMOUNT

X

ABOVE WORK AUTHORIZED BY

TITLE

PRINT NAME

AUTHORIZED AGENT FOR

PLEASE REMIT ALL PAYMENTS TO OUR OFFICE. THANK YOU!