

**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:

K. Curtis

02-02474

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. Administrative expenses 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):

- 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.

11 2367847
CURTIS, DONNA
7462 COTTONWOOD
HARRISON, AR 72601

Your claim is scheduled as follows:

Class
UNSECURED NON PRIORITY

Amount
CONTINGENT, DISPUTED,
UNLIQUIDATED

10077662

This Space is for Court Use
Only

If address differs from above, please complete the following:

Creditor Name:

Telephone: #

Address:

City/ST/Zip:

Account or other number by which creditor identifies debtor:

Check here if replaces amends a previously filed claim, dated _____
this claim

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 _____ to _____
(date) (date)

2. Date debt was incurred:

11-15-01

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ *3237.65*

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 \$ *3237.65*

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 4882

4-12-02

Date 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):

4-7-02

Donna Curtis Donna Curtis

LIST OF DEBTORS, CASE NUMBERS AND TAX IDENTIFICATION NUMBERS:

DEBTOR	CASE NUMBER	TAX ID NUMBER
KMART CORPORATION OF ILLINOIS, INC	02-02462	37-0916029
KMART OF INDIANA	02-02463	38-3413374
KMART OF PENNSYLVANIA LP	02-02464	38-3469157
KMART OF NORTH CAROLINA LLC	02-02465	38-3469154
KMART OF TEXAS L.P	02-02466	38-3469160
BLUELIGHT.COM LLC	02-02467	77-0529022
BIG BEAVER OF FLORIDA DEVELOPMENT, LLC	02-02468	38-0729500
THE COOLIDGE GROUP, LLC N/K/A TC GROUP I LLC	02-02469	38-2332504
KMART MICHIGAN PROPERTY SERVICES, L.L.C.	02-02470	38-3384536
KMART FINANCING I	02-02471	38-6667809
TROY CMBS PROPERTY, L.L.C	02-02472	38-3334610
BIG BEAVER DEVELOPMENT CORPORATION	02-02473	38-2834722
KMART CORPORATION	02-02474	38-0729500
BIG BEAVER OF QUAYNABO DEVELOPMENT CORPORATION	02-02475	38-3225644
BIG BEAVER OF CAUGUS DEVELOPMENT CORPORATION	02-02476	38-3053789
BLUELIGHT.COM, INC.	02-02477	77-0527034
KMART HOLDINGS, INC.	02-02478	38-3293882
KMART OF AMSTERDAM, NY DISTRIBUTION CENTER INC.	02-02479	38-3626487
KMART STORES OF INDIANA, INC	02-02480	38-2831604
KMART OF MICHIGAN, INC	02-02481	38-3551696
KMART STORES OF TNCP, INC.	02-02482	38-2305127
KMART OVERSEAS CORPORATION	02-02483	31-49972999
JAF, INC	02-02484	38-2970528
VTA, INC.	02-02485	51-0331035
BIG BEAVER OF CAGUAS DEVELOPMENT CORP II	02-02486	38-3175257
BIG BEAVER OF CAROLINA DEVELOPMENT CORPORATION	02-02487	38-3175256
K MART PHARMACIES, INC.	02-02488	38-1978255
BUILDERS SQUARE, INC.	02-02489	74-2259917
K MART INTERNATIONAL SERVICES, INC.	02-02490	38-2331210
SOURCING & TECHNICAL SERVICES INC.	02-02491	22-3004708
KMART PHARMACIES OF MINNESOTA, INC.	02-02492	38-3351987
SIT MERCHANDISING, INC.	02-02493	38-2760188
KMART CMBS FINANCING, INC.	02-02494	38-3334553
KI.C, INC.	02-02495	75-2490839
PMB, INC	02-02496	75-1371063
ILL, INC	02-02497	92-0132179
KBL HOLDING INC.	02-02498	26-0031295
S.F.P.R., INC.	02-02499	N/A

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

In re:

KMART CORPORATION, et al.

Debtors:

Case No. 02-02474
(Jointly Administered)
Chapter 11
Chief Judge Susan Pierson Sonderby

NOTICE OF LAST DATE AND PROCEDURES FOR FILING PROOFS OF CLAIM

TO ALL PERSONS ASSERTING A CLAIM AGAINST ANY OF THE ABOVE ENTITIES :

On March 6, 2002, the United States Bankruptcy Court for the Northern District of Illinois, Eastern Division (the "Bankruptcy Court"), entered an Order in the Kmart Chapter 11 cases (the "Bar Date Order") establishing **July 31, 2002**, as the general claims bar date (the "General Bar Date"). Except as described below, the Bar Date Order requires that any Claims (as defined herein) against any of the Debtors listed on Exhibit A attached to this Bar Date Notice be filed with the claims agent appointed by the Bankruptcy Court, Trumbull Services, LLC (the "Claims Agent") by submitting a proof of claim to either of the following addresses:

If by U.S. Mail:

Kmart Corporation, et al.
c/o Trumbull Services, LLC
P.O. Box 426
Windsor, CT 06095

If by Overnight Courier or Hand Delivery:

Kmart Corporation, et al.
c/o Trumbull Services, LLC
Griffin Center
4 Griffin Road North
Windsor, CT 06095

Proofs of claim must be actually received on or before 4:00 p.m., prevailing Eastern Time, on the General Bar Date, **July 31, 2002**. Proofs of claim are deemed filed only when they are actually received by the Claims Agent, and facsimile submissions will not be accepted.

For your convenience, a proof of claim form is enclosed with this Bar Date Notice, which sets forth the amount, nature and classification of your Claim(s) as set forth in the Debtors' schedules of assets and liabilities to be filed with the Bankruptcy Court on or before April 15, 2002 (the "Schedules").

ENTITIES REQUIRED TO FILE A PROOF OF CLAIM

Pursuant to the Bar Date Order, all persons or entities, including, without limitation, individuals, partnerships, corporations, estates, trusts, unions, indenture trustees, the U.S. Trustee and governmental units (individually, an "Entity") holding claims against the Debtors (whether secured,

Entities include, but are not limited to, the following Entities: (1) creditors whose Claims against a Debtor arose out of the rejection of executory contracts or unexpired leases by the Debtors prior to the entry of the order establishing the General Bar Date; (2) governmental units holding claims against a Debtor for unpaid taxes, whether arising from prepetition tax years or periods or

Dear Jennifer,

Here are the copies of the bills
except for medicine.

First visit -	68 ⁰⁰
Second visit -	35 ⁰⁰
Third -	680 ⁰⁰
Send Plus	1255 ⁰⁰
pay. & stop	877.97
	<hr/>
	2915.97

17
14
31

Medicine - offical - 2 daily 3 ⁰⁰ tablet	120 ⁰⁰
Penicillin	98 ⁰⁰
Co	968
Anti-biot	3 daily for 2 weeks 36 ⁰⁰
Sy - codone pain medicine	58 ⁰⁰
	<hr/>
	321.68

2915.97

321.68

3237.65

This doesn't count the work I've missed
and other things.

I have already paid the bills so
you'll need to reimburse me.

Thank you Dan

Stephen A. Beeler, D.D.S.
 102 East Bower
 Harrison, AR 72601
 (501)741-2808

**STATEMENT
 OF SERVICES
 RENDERED**

Friday
 December 7, 2001

ACCOUNT NUMBER

96400

ACCOUNT NAME AND ADDRESS

Donna Curtis
 7462 Cottonwood Road
 Harrison, AR 72601

PATIENT	CODE	DESCRIPTION	TH.	SURF.	AMOUNT	TAX	EST. INS
Donna	5130	Impacted Upper			680.00		
Donna	3	Check Payment CHK No: 802			680.00CR		

PREVIOUS ACCOUNT BALANCE	TODAY'S CHARGES	TODAY'S TAX	TODAY'S PAYMENTS	NEW ACCOUNT BALANCE	PLEASE PAY THIS AMOUNT
0.00	680.00	0.00	680.00	0.00	0.00

Next Appt.	Day	Date	Time	Reason
Donna	Tue	December 11, 2001	9:00a	Services Unspec

Thank you! We appreciate your business and your referrals.

Stephen A. Beeler, D.D.S.
East Bower
Harrison, AR 72601
(870)741-2808

**STATEMENT
 OF SERVICES
 RENDERED**

Monday
 November 19, 2001

ACCOUNT NAME AND ADDRESS

Donna Curtis
 7462 Cottonwood Road
 Harrison, AR 72601

ACCOUNT NUMBER

96400

PATIENT	CODE	DESCRIPTION	TH.	SURF.	AMOUNT	TAX	EST INS
Donna	150	Comprehensive Oral Examination			0.00		
Donna	220	Periapical X-Ray			10.00		
Donna	330	Panoramic X-Ray			55.00		
Donna	3	Check Payment CHK No: 798			65.00	CR	

PREVIOUS ACCOUNT BALANCE	TODAY'S CHARGES	TODAY'S TAX	TODAY'S PAYMENTS	NEW ACCOUNT BALANCE	PLEASE PAY THIS AMOUNT
0.00	65.00	0.00	65.00	0.00	0.00

Next Appt.	Day	Date	Time	Reason

Thank you! We appreciate your business and your referrals.

DR. JEFF MILAM, D.D.S.
ORAL AND MAXILLOFACIAL SURGERY

THE CHIEF MAN, STATE OF MISSISSIPPI, 201 NORTH 201 HWY
 (870) 741-3877 * FAX (870) 741-3519
 MOUNTAIN HOME, AR 72053
 (870) 425-9787
 FAX (870) 425-9787

Procedure	Fee	Per
A. Anesthetics		
1. Local Anesthetic	100.00	
2. Nitrous Oxide	33.00	
3. Sedation	100.00	
4. Hospitalization	100.00	
5. Post-Operative Care	100.00	
6. Hospital Consultation	100.00	
7. Hospital Admission	100.00	
8. Hospital Discharge	100.00	
9. Hospitalization	100.00	
10. Hospitalization	100.00	
11. Hospitalization	100.00	
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96. Hospitalization	100.00	
97. Hospitalization	100.00	
98. Hospitalization	100.00	
99. Hospitalization	100.00	
100. Hospitalization	100.00	

TOTAL FEE \$8,100.00

DR. JEFF MILAM, D.D.S.
 ORAL AND MAXILLOFACIAL SURGERY
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 MOUNTAIN HOME, AR 72053
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 409 East Bower
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**STATEMENT
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Friday
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ACCOUNT NUMBER

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0.00	680.00	0.00	680.00	0.00		0.00

Next Appt.	Day	Date	Time	Reason
Donna	Tue	December 11, 2001	9:00a	Services Unspec

Thank you! We appreciate your business and your referrals.

Mid 11-1991

DATE		FEE	PAYMENT	ADJUSTMENT	BALANCE	PREVIOUS BALANCE	NAME
			35.000				JENNIFER CURTIS

PHILIP E. MILAM, D.D.S.
ORAL and MAXILLOFACIAL SURGERY

LIC. NO. 2818
 TAX I.D. #71-0666103

715 W. SHERMAN, SUITE D • HARRISON, AR 72601
 (870) 741-3877 • 1-800-467-3319
 FAX (870) 741-2406

201 NORTH 201 HWY.
 MOUNTAIN HOME, AR 72553
 (870) 425-9787

SERVICES PERFORMED AT:

OFFICE HOSPITAL

DIAGNOSIS:

SERVICES - ADA Dental Procedures and Nomenclature

A. Diagnostic:

- 1. Intraoral-single, first film [] 00220
- 2. Intraoral-occlusal, single first film [] 02240
- 3. Panoramic-maxillo and mandible [] 00330
- 4. Professional Consultation [] 09310
- 5. Hosp. Visit, Admission [] 09300
- 6. Hospital Consultation [] CPT

B. Exodontia:

- 1. Single tooth [] 07110
- 2. Each additional tooth [] 07120
- 3. Extraction of erupted tooth, surgically [] 07210
- 4. Extraction of tooth, soft tissue impaction [] 07220
- 5. Extraction of tooth, partial bony impaction [] 07230
- 6. Extraction of tooth, complete bony impaction [] 07240
- 7. Extraction of tooth, complete bony impaction, presents unusual difficulties or circumstances [] 07241
- 8. Root recovery (surgical removal of residual root) [] 07250
- 9. Oral antral fistu closure (and/or antral root recovery) [] 07260

B. Exodontia, cont.

- 10. Surgical exposure of impacted or unerupted tooth for orthodontic reasons-including wire attachment when indicated [] 07280
- 11. Surgical repositioning of teeth [] 07290

C. Alveoplasty:

- 1. Per quadrant, in conjunction with extractions [] CPT
- 2. Per quadrant, not in conjunction with extractions [] 07310 ADA
- 3. Per quadrant, not in conjunction with extractions [] 07320 ADA

D. Surgical Incision:

- 1. Incision and drainage of abscess, intraoral [] CPT
- 2. Incision and drainage of abscess, extraoral [] 07510 ADA
- 3. Incision and drainage of abscess, extraoral [] CPT
- 4. Incision and drainage of abscess, extraoral [] 07520 ADA

E. Excision of Tumors:

- 1. Excision of benign tumor, lesion diameter up to 1/2" [] CPT
- 2. Excision of benign tumor, lesion diameter up to 1/2" [] 07430 ADA
- 3. Excision of benign tumor, lesion over 1/2" [] CPT
- 4. Excision of benign tumor, lesion over 1/2" [] 07431 ADA

F. Removal of Cysts and Neoplasms:

- 1. Removal of odontogenic cyst or tumor, up to 1/2" diameter [] CPT
- 2. Removal of odontogenic cyst or tumor, over 1/2" diameter [] 07450 ADA
- 3. Removal of odontogenic cyst or tumor, over 1/2" diameter [] CPT
- 4. Removal of non-odontogenic cyst or tumor, up to 1/2" diameter [] 07451 ADA
- 5. Removal of non-odontogenic cyst or tumor, up to 1/2" diameter [] CPT
- 6. Removal of non-odontogenic cyst or tumor, up to 1/2" diameter [] 07460 ADA

- F. Removal of Cysts & Neoplasms, cont. Fee
- 4. Removal of non-odontogenic cyst or tumor over 1/2" diameter [] CPT
- 5. Removal of non-odontogenic cyst or tumor over 1/2" diameter [] 07461 ADA

G. Excision of Bone Tissue:

- 1. Removal of exostosis, maxillo or mandible [] CPT
- 2. Removal of exostosis, maxillo or mandible [] 07470 ADA

H. Other Repair Procedure:

- 1. Frenulectomy-separate procedure (Frenectomy or Frenotomy) [] CPT
- 2. Frenulectomy-separate procedure (Frenectomy or Frenotomy) [] 07960 ADA
- 3. Excision of hyperplastic tissue, per arch [] CPT
- 4. Excision of hyperplastic tissue, per arch [] 07970 ADA

I. Anesthesia:

- 1. General Anesthesia [] CPT
- 2. General Anesthesia [] 09220 ADA
- 3. Intravenous Anesthesia [] CPT
- 4. Intravenous Anesthesia [] 09240 ADA
- 5. Nitrous Oxide Analgesia []
- 6. Nitrous Oxide Analgesia []
- 7. Blood Pressure & EKG Monitor []

J. Other Services:

- 1. []
- 2. []
- 3. []
- 4. []
- 5. []
- 6. []

TOTAL FEE 35.00

I authorize the undersigned Oral Surgeon to release any information acquired in the course of my examination or treatment and permit payment directly to him, at his election, any benefits due me for his services rendered. I recognize and accept personal responsibility for the payment of fees at the time services are rendered.

Signed (Patient) _____

Date of Service _____

NAME OF INSURED _____

SOCIAL SECURITY NO. _____

DOCTOR'S SIGNATURE _____