

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

Your claim is scheduled as follows

Class  
UNSECURED PRIORITY

Amount

CONTINGENT,  
UNLIQUIDATED

10107844

This Space is for Court Use  
Only

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

Case Number:

02-02464

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

11 3338156

GASTON COUNTY TAX COLLECTOR  
GASTONIA, NC 28053-157

- 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 #

Address

City/ST/Zip

Account or other number by which creditor identifies debtor

Check here if  replaces this claim  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 USC §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:

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 3,527.36

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 \$ 3,527.36

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 USC § 507(a)(3)
- Contributions to an employee benefit plan - 11 USC §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 USC § 507(a)(6)
- Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 USC § 507(a)(7)
- Taxes or penalties owed to governmental units - 11 USC § 507(a)(8)
- Other - Specify applicable paragraph of 11 USC § 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

Date

4/8/02

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)

Judy B. Bingham Judy B. Bingham

Director of Tax Collections

This Space is for Court Use Only

SM # 4896

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2002 APR 12 4-12-02  
BANKRUPTCY

GASTON COUNTY Tax Bill  
Reprinted Bill for 2001 100 2106916

Today's Date: 4/08/2002 Due Date: 1/07/2002 Amt. Assessed: 1,434  
Tax District: 180 Taxpayer Id: 03953671 Exempt:  
Description: CLASS MTL ASM# 000 Appraised:  
Receipt: 2001 100 2260063 2106916 Parcel Id:  
REAL AND PERSONAL

	Tax Rates(2001)	Tax Owed	Additional Charges Owed
COUNTY FUNDS	.91830	13.17	INTEREST .46
GASTONIA CITY	.49250	7.06	2% INTEREST .40
Total	<u>1.41080</u>	<u>20.23</u>	<u>.86</u>

Total Collected to Date .00  
Total Due as of 4/08/2002 21.09

KMART OF NORTH CAROLINA LLC  
#4866  
C/O BURR WOLFF LP  
P O BOX 6568  
SILOAM SPRINGS, AR 72761-6568

RETURN THIS STATEMENT AND PAYMENT TO:  
TAX COLLECTOR  
GASTON COUNTY  
P.O. BOX 1578  
GASTONIA, N.C. 28053

GASTON COUNTY Tax Bill  
Reprinted Bill for 2001 100 2106916

Today's Date: 4/08/2002 Due Date: 1/07/2002 Amt. Assessed: 94,952  
Tax District: 180 Taxpayer Id: 03953671 Exempt:  
Description: SECT SCH D10 CLASS MAE ASM# 00 Appraised:  
Receipt: 2001 100 2260062 2106916 Parcel Id:  
REAL AND PERSONAL

	Tax Rates(2001)	Tax Owed	Additional Charges Owed
COUNTY FUNDS	.91830	871.94	INTEREST 30.14
GASTONIA CITY	.49250	467.64	2% INTEREST 26.79
Total	<u>1.41080</u>	<u>1339.58</u>	<u>56.93</u>

Total Collected to Date .00  
Total Due as of 4/08/2002 1,396.51

KMART OF NORTH CAROLINA LLC  
#4866  
C/O BURR WOLFF LP  
P O BOX 6568  
SILOAM SPRINGS, AR 72761-6568

RETURN THIS STATEMENT AND PAYMENT TO:  
TAX COLLECTOR  
GASTON COUNTY  
P.O. BOX 1578  
GASTONIA, N.C. 28053

GASTON COUNTY Tax Bill  
Reprinted Bill for 2001 100 2106916

Today's Date: 4/08/2002 Due Date: 1/07/2002 Amt. Assessed: 2,604  
Tax District: 180 Taxpayer Id: 03953671 Exempt:  
Description: SECT SCH B10 CLASS MAE ASM# 00 Appraised:  
Receipt: 2001 100 2260061 2106916 Parcel Id:  
REAL AND PERSONAL

	Tax Rates(2001)	Tax Owed	Additional Charges Owed
COUNTY FUNDS	.91830	23.91	INTEREST .83
GASTONIA CITY	.49250	12.82	2% INTEREST .73
TOTAL	<u>1.41080</u>	<u>36.73</u>	<u>1.56</u>

Total Collected to Date .00  
Total Due as of 4/08/2002 38.29

KMART OF NORTH CAROLINA LLC  
#4866  
C/O BURR WOLFF LP  
P O BOX 6568  
SILOAM SPRINGS, AR 72761-6568

RETURN THIS STATEMENT AND PAYMENT TO:  
TAX COLLECTOR  
GASTON COUNTY  
P.O. BOX 1578  
GASTONIA, N.C. 28053

GASTON COUNTY Tax Bill  
Reprinted Bill for 2001 100 2106916

Pay's Date: 4/08/2002 Due Date: 1/07/2002 Amt. Assessed: 25,914  
Tax District: 180 Taxpayer Id: 03953671 Exempt:  
Description: SECT SCH U05 CLASS MAE ASM# 00 Appraised:  
Receipt: 2001 100 2260060 2106916 Parcel Id:  
REAL AND PERSONAL

	Tax Rates(2001)	Tax Owed	Additional Charges Owed
COUNTY FUNDS	.91830	237.97	INTEREST 8.23
GASTONIA CITY	.49250	127.63	2% INTEREST 7.31
Total	<u>1.41080</u>	<u>365.60</u>	<u>15.54</u>
		Total Collected to Date	.00
		Total Due as of 4/08/2002	381.14

KMART OF NORTH CAROLINA LLC  
#4866  
C/O BURR WOLFF LP  
P O BOX 6568  
SILOAM SPRINGS, AR 72761-6568

RETURN THIS STATEMENT AND PAYMENT TO:  
TAX COLLECTOR  
GASTON COUNTY  
P.O. BOX 1578  
GASTONIA, N.C. 28053

A CURSE W

GASTON COUNTY  
\*\* DUPLICATE RECEIPT \*\*

Property DP DEPRECIABLES Assessed Value \$726,746  
SECT SCH K10 CLASS MAE ASM# 00 Exemption NONE  
03953671 K10 MAE000

TAX COUNTY FUNDS 6,673.71 LAST Transaction # 176238  
TAX GASTONIA CITY 3,579.22 PAYMENT Date 1/02/2002  
CHG INTEREST 36.48 Amount 8,631.51  
CHG 2% INTEREST 32.43  
Cash .00  
Check 8,631.51  
67361

KMART CORPORATION

\*\*\*\*\* PARTIALLY PAID \*\*\*\*\*

A. TAXES/CHARGES 10,321.84 TOTAL STILL DUE 1,690.33  
COLLECTED TO DATE 8,631.51

KMART OF NORTH CAROLINA LLC  
#4866  
C/O BURR WOLFF LP  
P O BOX 6568  
SILOAM SPRINGS, AR 72761-6568

As of 4/08/2002  
District 180  
Account 03953671  
Receipt 2001 100 2260059 2106916  
REAL AND PERSONAL