FORM B10 (Official Form 10) 4001035

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:**

Your claim is scheduled as follows

Class

UNSECURED NON PRIORITY

Amount

$909 25

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)

11 3440115

MT FLORIDA DOOR & GLASS INC 02
4143 WEST WATERS AVENUE
TAMPA, FL 33614

☐ 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

Address

City St /Zip

Telephone #

10583455

This Space is for Court Use Only

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 (date) to (date)

2. Date debt was incurred: 1-8-02 & 1-14-02

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 909.25
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

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SM # 4902

2002 APR 12 A 11:12
4-12-02
BANKRUPTCY

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)
4-5-02	Thomas M. Rahilly - Pres.

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

All Florida Door and Glass, Inc. 02

4143 West Waters Avenue
Ste. #185
Tampa, FL 33614

Invoice

Date	Invoice #
01/08/2002	8773

Bill To	Ship To
K-Mart #7196 2800 34th St North St Petersburg Florida 33713 727-522-9486	

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Due on receipt		01/08/2002			

Quantity	Item Code	Description	Price Each	Amount
1	SD1003	18 Ga 3/0"X 7/0" Galvanized Steel Door	197.25	197.25
3	HH1000	4 1/2" X 4 1/2" PC Hinges	11.00	33.00
1	Labor	Labor to install	263.00	263.00

1-800-247-0200 #1P
Vendor Response Ctr

Trumbull Claims 727-876-2705
1-800-453-5693
Response Center

Total $493.25

LL FLORIDA DOOR AND GLASS, INC.

'AMPA (813) 269-1111
ST. PETERSBURG (727) 447-8779
IATIONAL WATS 1-800-562-3667
'AX (813) 269-0035

WORK ORDER

No 9254 Date 1-08-02

Corporate Office:
4143 W. Waters Ave. Ste. 185
Tampa, Florida 33614

CE TO:

_____

_____

_____ STATE _____ ZIP _____

_____ CUSTOMER P.O. NO. _____

JOB LOCATION:

NAME K - MART

ADDRESS 34TH ST.

CITY ST PETERSBURG STATE FL ZIP _____

PHONE _____ JOB NO. _____

MATERIAL USED: TERMS: _____

Quantity	Part Number	Description			Amount
1	3/0 7/0	STEEL DOOR			197.25
1	SET OF	3 4.5 x 4.5 BALL BEARING HINGES			33.00
				Total Mat'l.	
				Tax	
		Total	Rate		
Service Call		✓			95.00
Crew Size					
Time on Job		2			
Travel Time		2			168.00
Service charge minimum is 1 - 1/2 hour per man. Additional charges for service is billed in 1/2 hour increments.				Total Amount	493.25

RFORMED:

- INSTALLED DOOR
- INSTALLED CLOSER AND A/ARM SENSOR
- INSTALL 2, TOP & BOTTOM SLIDE BOLTS FOR TEMPORARY USE.
- DISPOSED OF OLD DOOR.

nend that the following work be performed to insure satisfactory operation of al and automatic doors. All Florida Door and Glass will not be responsible for ction arising therefrom:

- WILL RETURN UPON ARRIVAL OF RIM PANIC BAR

IAN / BRIAN

SERVICE TECHNICIAN

I certify that the information contained in this report has been completed as specified and the service recommendations have been noted. At the time of departure of your service technician, the installation was working satisfactorily, except as noted on this report. I hereby acknowledge the satisfactory completion of the above described work. If any legal action or proceeding is instituted by contractor to recover any amounts due under this contract I hereby agree to pay all court costs and a reasonable Attorney's fee to the contractor's Attorney's. All accounts not paid within thirty (30) days will be subject to 1 1/2 per month interest, 18% per annum

CUSTOMER'S SIGNATURE

All Florida Door and Glass, Inc. 02

4143 West Waters Avenue
Ste. #185
Tampa, FL 33614

Invoice

Date	Invoice #
01/14/2002	8732

Bill To	Ship To
K-Mart #7196 2800 34th St. North St Petersburg Florida 33713 727-522-8961 Tel	

P O. Number	Terms	Rep	Ship	Via	F.O B.	Project
	Due on receipt		01/14/2002			

Quantity	Item Code	Description	Price Each	Amount
8	Labor	Travel and Labor to board up Pair of doors	52 00	416 00

Total $416.00

LL FLORIDA DOOR AND GLASS, INC.

TAMPA (813) 269-1111
ST. PETERSBURG (727) 447-8779
NATIONAL WATS 1-800-562-3667
FAX (813) 269-0035

WORK ORDER

No 9337 Date 1-04-02

Corporate Office:
4143 W. Waters Ave. Ste. 185
Tampa, Florida 33614

ICE TO:

_____

S _____

_____ STATE _____ ZIP _____

_____ CUSTOMER P.O. NO. _____

JOB LOCATION:

NAME K-MART

ADDRESS 34th St. ST. PETE

CITY _____ STATE _____ ZIP _____

PHONE _____ JOB NO. _____

ERFORMED:

BOARD up PAIR doors
IN ELECTRONICS

7196
2800 34th ST
ST. PETERSBURG, FL 33

nmend that the following work be performed to insure satisfactory operation of
ual and automatic doors. All Florida Door and Glass will not be responsible for
unction arising therefrom:

. DOOR & PANIC DEVICE ON ORDER

TIM / IAN
SERVICE TECHNICIAN

MATERIAL USED: TERMS: _____

Quantity	Part Number	Description			Amount
				Total Mat'l.	
				Tax	
		Total	Rate		
Service Call					
Crew Size		2			
Time on Job		4.0			
Travel Time					
Service charge minimum is 1 - 1/2 hour per man. Additional charges for service is billed in 1/2 hour increments.				Total Amount	

I certify that the information contained in this report has been completed as specified and the service recommendations have been noted. At the time of departure of your service technician, the installation was working satisfactorily, except as noted on this report. I hereby acknowledge the satisfactory completion of the above described work. If any legal action or proceeding is instituted by contractor to recover any amounts due under this contract I hereby agree to pay all court costs and a reasonable Attorney's fee to the contractor's Attorney's. All accounts not paid within thirty (30) days will be subject to 1 ½ per month interest, 18% per annum.

Linda Bryard
CUSTOMER'S SIGNATURE