

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) Kmart Corporation	Case Number: 02-02474	Your claim is scheduled as follows: Class UNSECURED NON PRIORITY Amount <div style="border: 1px solid black; padding: 2px; text-align: center;"> XXXXXXXXXXXXXXXXXXXX \$ 1,774.05 </div> <div style="text-align: right;">10581094</div> <div style="text-align: right;">This Space is for Court Use Only</div>
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) CAL DOR SPECIALTIES, INC. 244 MILLAR AVENUE EL CAJON, CA 92020-4219 CAL DOR SPECIALTIES INC 244 MILLAR AVE EL CAJON, CA 92020	<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 #: _____ Address: _____ City/State/Zip: _____		
Account or other number by which creditor identifies debtor	Check here if <input type="checkbox"/> replaces <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 type="checkbox"/> Taxes <input type="checkbox"/> Other		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
2. Date debt was incurred: Various	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 1,774.05 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 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 <div style="font-size: 2em; font-family: cursive;">SM # 4929</div> <div style="text-align: right;"> 2002 APR 12 PM 1:13 4-12-02 BANKRUPTCY </div>
Date 04-04-02	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) <div style="text-align: right;"> Linda M. Fritz Secretary & Treasurer </div>	
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		



244 Millar Avenue
El Cajon, CA 92020
619-447-5061
619-447-9101 FAX
www.cal-dor.com

INVOICE NO. 102986
REFERENCE NO W- 61319
DATE 12/19/01

ACCT. NO. 26300 **SALES CLASS** 1 **PAGE** 1

B
I
L
L
T
O

K-MART STORE #7418
4330 CAMINO DE LA PLAZA
VENDOR #406074/DUNS #078742418
SAN YSIDRO, CA 92073

J
O
B
A
D
D
R
E
S
S

K-MART STORE #7418
4330 CAMINO DE LA PLAZA
VENDOR #406074/DUNS #078742418
SAN YSIDRO, CA 92073

NET 30 DAYS

Job: SERVICE - AUTOMATIC A.SLIDE ELECTRIC DOR-O-MATIC
Model: SET 01 EXIT

REPLACED FAULTY TRACK AND LOWER GUIDE BLOCK WITH NEW. ADJUSTED
ANTI-RISERS AND LUBRICATED WHEELS, TRACKS AND GUIDES. SECURED
HARDWARE. CHECKED DOOR OPERATION AND RANGE OF SENSORS. DOOR
PERFORMING NORMALLY AT THIS TIME. PLEASE CALL SHOULD FURTHER SERVICE
BE REQUIRED. THANK YOU FOR CALLING CAL DOR.

Qty	U/M	Part Number	Description	Price	Extended
1	EA	D10571	BOTTOM GUIDE EXTRUSION X MILL	96.70	96.70
1	EA	D10557	A.SLIDE BOTTOM GUIDE BLOCK (ON	26.70	26.70

Technician	Hours	Rate	Extended
SERVICE TECH #305	3:15	55.00	178.75

CAL DOR NOW ACCEPTS VISA/MASTERCARD AND AMERICAN
EXPRESS FOR PAYMENT OF SERVICES. PLEASE CALL ACCOUNTS
RECEIVABLE AT EXTENSION 228 FOR DETAILS.

INVOICE TOTALS

MATERIAL	123.40
TAX	9.25
LABOR	178.75
ZONE CHARGE	25.00
FGHT/OTHER	0.00
Other	0.00
TOTAL	336.40

TERMS: NET 30 DAYS. PLEASE PAY FROM THIS INVOICE - NO STATEMENT WILL BE SENT

Interest at the rate of 1 1/2% per month will be charged on overdue accounts. Section 1193(c) California Code of Civil Procedures requires us to notify you "That if bills are not paid in full for labor, services, equipment or materials furnished, or to be furnished the improved property (which is described above) may be subject to Mechanic's Liens."

>>> SERVICE CALL WORKSHEET <<<

Customer #26300
K-Mart Store #7418
4330 Camino De La Plaza
Vendor #406074/Duns #078742418
San Ysidro, CA 92073
Map: 1350E5
(619)428-0303
(619)000-0000

Dispatch #28783
SERVICE DEPARTMENT
Regular SERVICE

Caller: Joneliz
EXISTING CUSTOMER
SERVICE - AUTOMATIC
NET 30 DAYS
(619)428-0303
TODAY AUTO
W.O.#: 61319

* * * * * S C H E D U L I N G I N F O R M A T I O N * * * * *

12/19/01 No Set Time 1:30 305 D-10:15A A-10:45A C-12:50P

* * * * * R E P O R T E D P R O B L E M * * * * *

THE RIGHT SIDE EXIT DOOR WILL	0:00
NOT OPEN	0:00
RAND THERE ON 12/7/01 FOR	0:00
BROKEN MAGNET ON BOTH AUTO	0:00
DOORS	0:00



244 Millar Avenue
El Cajon, CA 92020
619-447-5061
619-447-9101 FAX
www.cal-dor.com

INVOICE NO.
REFERENCE NO
DATE

101940
W- 59671
12/07/01

ACCT.NO. 26300 SALES CLASS 1 PAGE 1

B
I
L
L
T
O

K-MART STORE #7418
4330 CAMINO DE LA PLAZA
VENDOR #406074/DUNS #078742418
SAN YSIDRO, CA 92073

J
O
B
A
D
D
R
E
S
S

K-MART STORE #7418
4330 CAMINO DE LA PLAZA
VENDOR #406074/DUNS #078742418
SAN YSIDRO, CA 92073

NET 30 DAYS

Job #1: SERVICE - AUTOMATIC A.SLIDE ELECTRIC DOR-O-MATIC
Model: SET 01 EXIT

REPLACED BROKEN CARRIER WHEELS WITH NEW. SECURED MAGNETIC LATCH AND
DOOR HARDWARE. CHECKED DOOR OPERATION AND RANGE OF SENSORS.

Qty	U/M	Part Number	Description	Price	Extended
2	EA	D10527	CARRIER WHEEL ASSY. WHITE NEW	73.40	146.80

Job #2: SERVICE - AUTOMATIC A.SLIDE ELECTRIC DOR-O-MATIC
Model: SET 02 ENTRY

SECURED INTERLOCK LATCHES. NEED TO RETURN WITH WHEELS.

Job #3: SERVICE - AUTOMATIC A.SLIDE ELECTRIC DOR-O-MATIC
Model: SET 02 ENTRY

DOOR JAMMED SHUT ON ARRIVAL. FOUND WORN LOWER GUIDE BLOCK WEDGED IN
TRACK. REMOVED DOOR AND LOWER TRACK. REPLACED TRACK AND LOWER GUIDE
BLOCK WITH NEW. ADJUSTED ANTI-RISERS. LUBRICATED WHEELS, TRACKS AND
GUIDES. SECURED HARDWARE. CHECKED DOOR OPERATION AND RANGE OF
SENSORS. DOOR PERFORMING NORMALLY AT THIS TIME. PLEASE CALL SHOULD
FURTHER SERVICE BE REQUIRED. THANK YOU FOR CALLING CAL DOR.

Qty	U/M	Part Number	Description	Price	Extended
1	EA	D10571	BOTTOM GUIDE EXTRUSION X MILL	125.00	125.00
1	EA	D10557	A.SLIDE BOTTOM GUIDE BLOCK (ON	29.50	29.50

Technician	Hours	Rate	Extended
SERVICE TECH #305	3:15	55.00	178.75

CAL DOR NOW ACCEPTS VISA/MASTERCARD AND AMERICAN
EXPRESS FOR PAYMENT OF SERVICES. PLEASE CALL ACCOUNTS
RECEIVABLE AT EXTENSION 228 FOR DETAILS

INVOICE TOTALS

MATERIAL	301.30
TAX	22.60
LABOR	178.75
ZONE CHARGE	50.00
FGHT/OTHER	0.00
Other	0.00
TOTAL	552.65

TERMS: NET 30 DAYS. PLEASE PAY FROM THIS INVOICE - NO STATEMENT WILL BE SENT
Interest at the rate of 1 1/2% per month will be charged on overdue accounts. Section 1193(c) California Code of
Civil Procedures requires us to notify you "That if bills are not paid in full for labor, services, equipment or
materials furnished, or to be furnished, the improved property (which is described above) may be subject to
Mechanic's Liens



244 Millar Avenue
El Cajon, CA 92020-4219
www.cal-dor.com
619-447-5061
619-447-9101 FAX

AUTOMATIC & MANUAL COMMERCIAL DOORS
INSTALLATION, SALES & SERVICE
Serving San Diego Since 1974

Work Order:
Date:

59671
12/07/01

SPECIALTIES, INC.

CALIC #303414

Customer: K-MART

Suite/Floor: _____

Address: 4330 Camino Del Plaza

City/Zip Code: San Ysidro, CA

Requested By: _____

Contact Name: JONE LIZ

DOOR LOCATION: ENTRANCE

Bill To: [] Same [] Account # _____ [] Or: _____

Dispatch: 28646

[] Purchase Order: _____

[] Visa/Mastercard: _____

Exp. Date: _____

Reported Problem:

Magned Broken

Service Class:

OTC Sale 11 15 22 23 Mtce. 04 14

Service 01 02 08 18 19 Warranty 07

Contracts:

Manual: 05 09 21 24 Courtesy/N.C. 17

Automatic: 03 06 10 16 20 C.B. Tech 27

Job Equip. Mfg.

Description of Work Performed:

1 201 16 at 1, replaced broken carrier wheels with new, secured magnet latch, secured door headframe checked door operation and range of sensors.

2 201 16 at 2, secured inter lock latches, need to replace wheels and bottom guide block out of track 5 lock well rollers and return to install. threshold on this door is breaking up severely and needs to be replaced 6" x 45" Alu ANO, need approval to replace. Door is working at this time send quote for threshold. etc

Part Number	Qty.	Part Description	Unit Price	Amount
<u>D18827</u>	<u>2</u>	<u>Carrier wheels.</u>	<u>73.40</u>	

Technician 295 Travel 2 Time In 12:30 Time Out 1:15 Total Hours _____

Regular
Overtime
Premium

Material: _____

Sales Tax: _____

Notations

Recommendations

- | | |
|-------------------------|-----------------------|
| [] Explained Operation | [] Threshold Scan |
| [] Delivered Keys | [] Replace Detectors |
| [] Provide Quotation | [] Replace Control |
| [] Job Complete | [] Replace Operator |
| [] Parts Required | [] Replace Mat(s) |
| [] O.R.I. | [] Replace Beams |

Labor: _____

Trip/Zone: _____

Freight: _____

TOTAL: _____

Service Technician Signature: _____

Customer Signature: I hereby acknowledge the satisfactory completion of the above described work and note recommendations.

2 P. Pott

JONE LIZ K. LANE
Print Full Name Signature

12-07-01
Date

IF DOOR IS NOT OPERATING PROPERLY, SECURE FOR SAFETY AND CONTACT CAL DOR IMMEDIATELY FOR SERVICE!

Reference Reverse Side of Work Order for Daily Safety Check Procedures



244 Millar Avenue
El Cajon, CA 92020-4219
www.cal-dor.com
619-447-5061
619-447-9101 FAX

AUTOMATIC & MANUAL COMMERCIAL DOORS
INSTALLATION, SALES & SERVICE
Serving San Diego Since 1974

Work Order:
Date: 12-18-01
28783
Dispatch:

61319

Customer: K Mart

Bill To: [] Same [] Account # [] Or:

Suite/Floor:

Address: 4330 Camino del Rey

City/Zip Code: San Diego

Requested By:

[] Purchase Order:

Contact Name: Jose L. Lopez

[] Visa/Mastercard:

DOOR LOCATION: Front Exit Set 2

Exp. Date:

Reported Problem:

Door not working

Service Class:

OTC Sale	11	15	22	23	Mtce.	04	14
Service	01	02	08	18	19	Warranty	07
Contracts:							
Manual:	05	09	21	24	Courtesy/N.C.	17	
Automatic:	03	06	10	16	20	C.B. Tech	27

Job Equip. Mfg.

Description of Work Performed:

01/01/01 16 Door jambed shut on arrival. Found
lower guide block wedged in track.
Removed door and lower track. Replaced
track with new. Replaced lower guide
block with new. Adjusted anti-risers.
Lubricated wheels, tighteners and guides.
Secured hardware. Checked door operation
and range of sensors. Door performing
normally at this time.
Thank You

Part Number

Qty.

Part Description

Unit Price

Amount

D10571

48"

Aslide bottom extension Mill

96.70

D10557

1

Aslide bottom guide

26.70

D10571

Block

Technician

Travel

Time In

Time Out

Total Hours

365

1.5 min

1030

1230

Regular

Material:

Overtime

Premium

Sales Tax:

Notations

Recommendations

[] Explained Operation

[] Threshold Scan

Labor:

[] Delivered Keys

[] Replace Detectors

Trip/Zone:

[] Provide Quotation

[] Replace Control

[] Job Complete

[] Replace Operator

Freight:

[X] Parts Required 2

[] Replace Mat(s)

TOTAL:

[] O.R.I.

[] Replace Beams

Service Technician Signature:

Customer Signature: I hereby acknowledge the satisfactory completion of the above
described work and note recommendations.

Jose L. Lopez

JOSE L. LOPEZ

Print Full Name

Signature

12/20/01
Date

IF DOOR IS NOT OPERATING PROPERLY, SECURE FOR SAFETY AND CONTACT CAL DOR IMMEDIATELY FOR SERVICE!

Reference Reverse Side of Work Order for Daily Safety Check Procedures

Rev 06/97



244 Millar Avenue
El Cajon, CA 92020
619-447-5061
619-447-9101 FAX
www.cal-dor.com

INVOICE NO.
REFERENCE NO
DATE

101910
W-- 61444
12/21/01

ACCT.NO 40442 SALES CLASS 1 PAGE 1

B
I
L
L
T
O

K-MART STORE #4306
1030 THIRD AVENUE
VENDOR #406074/DUNS #078742418
CHULA VISTA, CA 91910

J
O
B
A
D
D
R
E
S
S

K-MART STORE #4306
1030 THIRD AVENUE
VENDOR #406074/DUNS #078742418
CHULA VISTA, CA 91910

NET 30 DAYS

Job #1: SERVICE - AUTOMATIC ELECTRIC SWING GYRO-TECH
Model: INTERIOR ENTRY 02

RAISED FLOOR PIVOT AND SECURED SECURED DOOR HARDWARE. CHECKED DOOR
OPERATION AND FUNCTION OF MATS. DOOR IS WORKING AT THIS TIME.

Job #2: SERVICE - AUTOMATIC ELECTRIC SWING GYRO-TECH
Model: EXTERIOR ENTRY

SQUARED DOOR IN OPENING AND SECURED DOOR HARDWARE. DOOR IS WORKING AT
THIS TIME. PLEASE CALL SHOULD FURTHER SERVICE BE REQUIRED.
THANK YOU FOR CALLING CAL DOR.

Technician	Hours	Rate	Extended
SERVICE TECH #295	2:30	55.00	137.50

CAL DOR NOW ACCEPTS VISA/MASTERCARD AND AMERICAN
EXPRESS FOR PAYMENT OF SERVICES. PLEASE CALL ACCOUNTS
RECEIVABLE AT EXTENSION 228 FOR DETAILS.

INVOICE TOTALS

MATERIAL	0.00
TAX	0.00
LABOR	137.50
ZONE CHARGE	25.00
FGHT/OTHER	0.00
TOTAL	162.50

TERMS: NET 30 DAYS. PLEASE PAY FROM THIS INVOICE - NO STATEMENT WILL BE SENT
Interest at the rate of 1 1/4% per month will be charged on overdue accounts. Section 1193(c) California Code of
Civil Procedures requires us to notify you "That if bills are not paid in full for labor, services, equipment or
materials furnished, or to be furnished, the improved property (which is described above) may be subject to
Mechanic's Liens."



244 Millar Avenue
El Cajon, CA 92020-4219
www.cal-dor.com
619-447-5061
619-447-9101 FAX

AUTOMATIC & MANUAL COMMERCIAL DOORS
INSTALLATION, SALES & SERVICE
Serving San Diego Since 1974

61444
Work Order: 12-21-01
Date: 12-21-01
Dispatch: 28820

Customer: K-MART
Suite/Floor: _____
Address: 1030 3rd Ave
City/Zip Code: Chula Vista, CA
Requested By: _____
Contact Name: MR. Ponce
DOOR LOCATION: Interior Exit

Bill To: ☐ Same ☐ Account # _____ ☐ Or:

☐ Purchase Order: _____
☐ Visa/Mastercard: _____
Exp. Date: _____

Reported Problem: SCRAPPING INT EXIT
Hard to latch exterior int.

Service Class:									
OTC Sale	11	15	22	23			Mtce.	04	14
Service	01	02	08	18	19		Warranty		07
Contracts:									
Manual:	05	09	21	24			Courtesy/N.C.		17
Automatic:	03	06	10	16	20		C.B. Tech		27

Job	Equip.	Mfg.	Description of Work Performed:
1	113		Interior exit raised floor pivot, secured door pivot, secured door hardware. checked door hardware operation and function of mats, door is working at this time.
2	113		found door out of square - nudged door back to square, secured door hardware, door is working at this time.

Thank you

Part Number	Qty.	Part Description	Unit Price	Amount

Technician	Travel	Time In	Time Out	Total Hours	Regular	Material:
295	1.5	2:45	3:45		Overtime	
					Premium	Sales Tax:
Notations					Recommendations	
<input type="checkbox"/> Explained Operation	<input type="checkbox"/> Threshold Scan				Labor:	
<input type="checkbox"/> Delivered Keys	<input type="checkbox"/> Replace Detectors				Trip/Zone:	
<input type="checkbox"/> Provide Quotation	<input type="checkbox"/> Replace Control				Freight:	
<input type="checkbox"/> Job Complete	<input type="checkbox"/> Replace Operator				TOTAL:	
<input type="checkbox"/> Parts Required	<input type="checkbox"/> Replace Mat(s)					
<input type="checkbox"/> O.R.I.	<input type="checkbox"/> Replace Beams					

Service Technician Signature:

Customer Signature: I hereby acknowledge the satisfactory completion of the above described work and note recommendations.

R. P. Ponce

R. Ponce

[Signature]

12-21-01

Print Full Name

Signature

Date



244 Millar Avenue
El Cajon, CA 92020
619-447-5061
619-447-9101 FAX
www.cal-dor.com

INVOICE NO.
REFERENCE NO
DATE

101781
W- 61029
11/21/01

ACCT NO 40442 SALES CLASS 3 PAGE 1

B
I
L
L
T
O

K-MART STORE #4306
1030 THIRD AVENUE
VENDOR #406074/DUNS #078742418
CHULA VISTA, CA 91910

J
O
B
A
D
D
R
E
S
S

K-MART STORE #4306
1030 THIRD AVENUE
VENDOR #406074/DUNS #078742418
CHULA VISTA, CA 91910

NET 30 DAYS

Job: CONTRACT - AUTOMATIC ELECTRIC SWING GYRO-TECH
Model: EXTERIOR ENTRY

REPLACED MISSING GUIDE RAIL AND SHORTED LEAD MAT WITH NEW AS PER
QUOTED PRICE. CHECKED DOOR AND MAT OPERATION. DOOR OPERATING
NORMALLY. PLEASE CALL SHOULD FURTHER SERVICE BE PEQUIRED.
THANK YOU FOR CALLING CAL DOR.

Amount Billed: 615.00

CAL DOR NOW ACCEPTS VISA/MASTERCARD AND AMERICAN
EXPRESS FOR PAYMENT OF SERVICES. PLEASE CALL ACCOUNTS
RECEIVABLE AT EXTENSION 228 FOR DETAILS.

TERMS: NET 30 DAYS. PLEASE PAY FROM THIS INVOICE - NO STATEMENT WILL BE SENT
Interest at the rate of 1 1/4% per month will be charged on overdue accounts. Section 1193(c) California Code of
Civil Procedures requires us to notify you "That if bills are not paid in full for labor, services, equipment or
materials furnished, or to be furnished, the improved property (which is described above) may be subject to
Mechanic's Liens"

INVOICE TOTALS

MATERIAL	0.00
TAX	0.00
LABOR	0.00
ZONE CHARGE	0.00
FGHT/OTHER	0.00
Other	615.00
TOTAL	615.00



244 Millar Avenue
El Cajon, CA 92020-4219
www.caldor.com
619-447-5061
619-447-9101 FAX

AUTOMATIC & MANUAL COMMERCIAL DOORS
INSTALLATION, SALES & SERVICE
Serving San Diego Since 1974

Work Order:
Date: 11-21-01
28002
Dispatch:

Customer: Kmart
Suite/Floor: _____
Address: 1030-3rd Ave
City/Zip Code: Chula Vista CA
Requested By: _____
Contact Name: _____
DOOR LOCATION: _____

Bill To: ☐ Same ☐ Account # _____ ☐ Or: _____
☐ Purchase Order: _____
☐ Visa/Mastercard: _____
Exp. Date: _____

Reported Problem: Entrance Door - needs mat and rail.

Service Class:									
OTC Sale	14	15	22	23	Mtce.	04	14		
Service	01	02	08	18	19	Warranty	07		
Contracts:									
Manual	05	09	21	24	Courtesy/N.C.	17			
Automatic:	03	06	10	16	20	C.B. Tech	27		

OUTER ENTRANCE

Job	Equip.	Mfg.	Description of Work Performed:
1			Replaced missing guide rail with new. Replaced shared lead mat with new After obtaining authorization to install brown mat instead of black mat. Checked door mats operation. Door operating normally - Thank You

Part Number	Qty.	Part Description	Unit Price	Amount
	1	30X42 guide rail clear screened		
	1	36X45 brown mat		

Technician	Travel	Time In	Time Out	Total Hours	Regular	Overtime	Premium	Material:
305	quoted							Sales Tax:
Notations								Labor:
Recommendations								Trip/Zone:
<input type="checkbox"/> Explained Operation	<input type="checkbox"/> Threshold Scan	4306 Big Kmart 1030 THIRD AVE. CHULA VISTA, CA 91911						Freight:
<input type="checkbox"/> Delivered Keys	<input type="checkbox"/> Replace Detectors							TOTAL:
<input type="checkbox"/> Provide Quotation	<input type="checkbox"/> Replace Control							
<input type="checkbox"/> Job Complete	<input type="checkbox"/> Replace Operator							
<input type="checkbox"/> Parts Required	<input type="checkbox"/> Replace Mat(s)							
<input type="checkbox"/> O.R.I.	<input type="checkbox"/> Replace Beams							

Service Technician Signature: _____ Customer Signature: I hereby acknowledge the satisfactory completion of the above described work and note recommendations.

ED DECITO _____ Signature _____ Date 11-21-01

IF DOOR IS NOT OPERATING PROPERLY, SECURE FOR SAFETY AND CONTACT CAL DOR IMMEDIATELY FOR SERVICE!
Reference Reverse Side of Work Order for Daily Safety Check Procedures

Oct-03-01 09:00A

P. 01

Cal Dor
SPECIALTIES, INC.
244 Millar Ave
El Cajon, CA 92020
Tel (619) 447-5081
Fax (619) 447-9101
www.cal-dor.com
CA Lic 303414

PROPOSAL/CONTRACT NO: 0110022

TO: K-Mart Store No 4306
Attn: Ed Decolito or Edith Allensworth
1030 Third Avenue
Chula Vista, CA 91910

DATE: October 3, 2001

PROJECT: Exterior Entrance Door

Quantity	We propose to furnish and install the following materials:	Price
1	<p>Black Ribbed Mat with Arrow</p> <p><i>brown</i></p> <p><i>- customer ok'd install of brown mat, I gave him \$25 discount.</i></p> <p><u>Option:</u></p> <p>(1) Clear Anodized Guard Rail to meet current ANSI 156 10.</p> <p><u>Notes:</u></p> <p>1. Proposal is based on service technicians recommendations on 10/3/01</p> <p>2. Optional guard rail is required for door opening to meet revised ANSI 156 10</p> <p>3. Lead time for mat is approximately 3 weeks from receipt of approved proposal.</p> <p><u>Exclusions:</u> All material and labor not listed above.</p> <p><u>Terms:</u> Net 30 Days.</p> <p>ACCEPTANCE OF QUOTATION: I hereby authorize the performance of the work. Payment will be made in accordance with terms stated above.</p> <p>Accepted by: <i>[Signature]</i></p> <p><i>R. Ponce - store manager</i></p> <p>Printed or Typed Name and Title</p> <p>Date: <i>10/5/01</i></p>	<p>\$450.00</p> <p><i>\$425</i></p> <p>ADD: <i>used rail \$190.</i></p> <p><i>\$240.00</i></p> <p><i>OK Both</i></p>

Tel:

420-9315

CAL DOR SPECIALTIES, INC.
Respectfully Submitted,

By:

Mark Major

Date: October 3, 2001

Fax:

420-8975

SEE ACCOMPANYING COMPLETE TERMS, CONDITIONS AND EXCLUSIONS

OCT 05 2001



244 Millar Avenue
El Cajon, CA 92020
619-447-5061
619-447-9101 FAX
www.cal-dor.com

INVOICE NO.
REFERENCE NO
DATE

101911
W- 60602
10/09/01

ACCT.NO

SALES CLASS

PAGE

B
I
L
L
T
O

K-MART STORE #4306
1030 THIRD AVENUE
VENDOR #406074/DUNS #078742418
CHULA VISTA, CA 91910

J
O
B
A
D
D
R
E
S
S

K-MART STORE #4306
1030 THIRD AVENUE
VENDOR #406074/DUNS #078742418
CHULA VISTA, CA 91910

~~NET 30 DAYS~~

Job: SERVICE - AUTOMATIC

ELECTRIC SWING

GYRO-TECH

Model: EXTERIOR ENTRY

REPLACED FAULTY MAT WITH NEW. MANAGER DID NOT WANT MAT AS IT DOES NOT
MATCH EXISTING. REINSTALLED MAT. WILL PROVIDE QUOTE TO REPLACE MAT
AND RAIL WITH NEW. PLEASE CALL SHOULD FURTHER SERVICE BE REQUIRED.
THANK YOU FOR CALLING CAL DOR.

Technician	Hours	Rate	Extended
SERVICE TECH #246	1:30	55.00	82.50

CAL DOR NOW ACCEPTS VISA/MASTERCARD AND AMERICAN
EXPRESS FOR PAYMENT OF SERVICES. PLEASE CALL ACCOUNTS
RECEIVABLE AT EXTENSION 228 FOR DETAILS.

INVOICE TOTALS

MATERIAL	0.00
TAX	0.00
LABOR	32.50
ZONE CHARGE	25.00
FGHT/OTHER	0.00
TOTAL	107.50

TERMS: NET 30 DAYS. PLEASE PAY FROM THIS INVOICE - NO STATEMENT WILL BE SENT
Interest at the rate of 1 1/2% per month will be charged on overdue accounts. Section 1193(c) California Code of
Civil Procedures requires us to notify you "That if bills are not paid in full for labor, services, equipment or
materials furnished, or to be furnished the improved property (which is described above) may be subject to
Mechanic's Liens"

>>> SERVICE CALL WORKSHEET <<<

Customer #40442
K-Mart Store #4306
1030 Third Avenue
Vendor #406074/Duns #078742418
Chula Vista, CA 91910
(619)420-9315
(619)420-8975 (FAX)

Dispatch #28002
SERVICE DEPARTMENT
Regular SERVICE

Caller: Quoted Items
EXISTING CUSTOMER
SERVICE - AUTOMATIC
NET 30 DAYS
(619)420-9315
TODAY AUTO
W.O.#: 61029

* * * * * S C H E D U L I N G I N F O R M A T I O N * * * * *

10/09/01 No Set Time

1:30 246 D-8:00A A-8:00A C-9:15A

* * * * * R E P O R T E D P R O B L E M * * * * *

install mat and guide rail as	0:00
per quote from Scott's last	0:00
visit	0:00
Manager did not like the look	0:00
of the mat and the rail,	0:00
Scott took pictures of the	0:00
old mat and rail that the	0:00
manager wants us to duplicate	0:00
Joanna will review and	0:00
requote.	0:00
PARTS REC. 10/26	0:00

110072

300



244 Millar Avenue
El Cajon, CA 92020-4219
www.cal-dor.com
619-447-5061
619-447-9101 FAX

AUTOMATIC & MANUAL COMMERCIAL DOORS
INSTALLATION, SALES & SERVICE
Serving San Diego Since 1974

Work Order:
Date:

60622
10/9/01
28002

SPECIALTIES, INC.
CALIC #303414

Customer: Kmart
Suite/Floor: _____
Address: 1030 3rd Ave
City/Zip Code: Chula Vista CA
Requested By: _____
Contact Name: _____

Bill To: ☐ Same ☐ Account # _____ ☐ Or: _____

Dispatch:

DOOR LOCATION: _____

Exp. Date: _____

Reported Problem:

Replaced material is
quoted

Service Class:

OTC Sala	11	15	22	23	Mtce.	04	14
Service	01	02	08	18	19	Warranty	07
Contracts:							
Manual:	05	09	21	24	Courtesy/N.C.	17	
Automatic:	03	06	10	16	20	C.B. Tech	27

Job Equip. Mfg.

1 13

Description of Work Performed:

Removed mat - installed new mat.
Manager did not want mat as it was
light brown - requests black mat/matches
all other mats. Rail doesn't match others
exactly. Will re-quote for replacement
mat & rail which closely matches
it - not exact replacement. I used
customer only one manufacturer of
mats, may not be exact replacement
usually. Re-installed mat. Installed
12x30 rail.

Part Number	Qty.	Part Description	Unit Price	Amount

Technician

246

Travel

Time In

Time Out

Total Hours

1 1/2

Regular
Overtime
Premium

Material:

Sales Tax:

Notations

Recommendations

- ☐ Explained Operation
- ☐ Delivered Keys
- ☐ Provide Quotation
- ☐ Job Complete
- ☐ Parts Required
- ☐ O.R.I.

- ☐ Threshold Scan
- ☐ Replace Detectors
- ☐ Replace Control
- ☐ Replace Operator
- ☐ Replace Mat(s)
- ☐ Replace Beams

Labor:

Trip/Zone:

Freight:

TOTAL:

Service Technician Signature:

[Signature]

Customer Signature: I hereby acknowledge the satisfactory completion of the above described work and note recommendations.

Martha Zaphn

Martha Zaphn

10-9-01

Print Full Name

Signature

Date

IF DOOR IS NOT OPERATING PROPERLY, SECURE FOR SAFETY AND CONTACT CAL DOR IMMEDIATELY FOR SERVICE!

Reference Reverse Side of Work Order for Daily Safety Check Procedures