

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		PROOF OF CLAIM Chapter 11
In Re Kmart Corporation, et al		Your claim is scheduled as follows:
Case Numbers 02-02462 through 02-02499		Class
Name of Debtor (see attached for complete list of debtors)		UNSECURED NON PRIORITY
Case Number:		Amount
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.		\$150.69
Name of Creditor (The person or other entity to whom the debtor owes money or property)		10574039 This Space is for Court Use Only
11 2398926		
MIKE'S HEATING & AIR CONDITIONING 1104 SOUTH CRYSTAL SPRINGS RD ROYAL, AR 71968		
<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, St, Zip		
Account or other number by which creditor identifies debtor		Check here if <input type="checkbox"/> replaces <input checked="" type="checkbox"/> amends a previously filed claim, dated
1. Basis for Claim <input 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: <u>12-31-01 / 1-14-02</u>		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ <u>210.69</u>		
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 \$ <u>210.69</u>		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		This Space is for Court Use Only <u>SM # 4931</u> T. _____ 4-12-02 BANKRUPTCY
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: <u>4/8/02</u>	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) <u>Edward M. Harder owner</u>	
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		

MIKE'S HEATING & AIR CONDITIONING

204 032850 #86102 South Crystal Springs Road
 1/14/02 Royal, AR 71968
 501-991-3290

No 7351

<input type="checkbox"/> SERVICE	<input type="checkbox"/> PICK UP	PHONE	REPAIR IN	DATE OF ORDER
<input type="checkbox"/> INSTALL	<input type="checkbox"/> DELIVER	525-6213	HOME <input checked="" type="checkbox"/> SHOP	12-31-01
NAME				DATE PROMISED
ADDRESS				APARTMENT
CITY				DATE OF ORIGINAL INSTALLATION
MAKE	MODEL	SERIAL NO		PAYMENT
NATURE OF SERVICE REQUEST				
MILK COOLER NOT COLD				<input type="checkbox"/> WARRANTY <input type="checkbox"/> CONTRACT <input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHARGE <input type="checkbox"/> CHECK #

QUANTITY	PART NUMBER	DESCRIPTION	PRICE	AMOUNT
1	R10129	start capacitor		24.00

SERVICE PERFORMED	Replaced bad start capacitor on compressor	TOTAL MATERIAL	24.00
		TECHNICAL SERVICE TIME	56.00
			80.00
		TAX	6.12
		TOTAL	86.12

Thank You!

DATE COMPLETED CASH UPON COMPLETION OF WORK

INVOICE COPY

Technician

Customer's Signature

\$5 SERVICE CHARGE TO REBILL

PAYMENT DUE UPON COMPLETION OF ALL WORK UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE

MIKE'S HEATING & AIR CONDITIONING

1104 South Crystal Springs Road
 Royal, AR 71968
 501-991-3290

v2 7566

<input type="checkbox"/> SERVICE <input checked="" type="checkbox"/> INSTALL	<input type="checkbox"/> PICK UP <input type="checkbox"/> DELIVER	PHONE	REPAIR IN <input type="checkbox"/> HOME <input type="checkbox"/> SHOP	DATE OF ORDER 4/8/02
NAME <i>Kimcut -</i>				DATE PROMISED
ADDRESS				APARTMENT
CITY				DATE OF ORIGINAL INSTALLATION
MAKE	MODEL	SERIAL NO		PAYMENT <input type="checkbox"/> WARRANTY <input type="checkbox"/> CONTRACT <input type="checkbox"/> CASH <input type="checkbox"/> CHARGE <input type="checkbox"/> CHECK # _____
NATURE OF SERVICE REQUEST				

QUANTITY	PART NUMBER	DESCRIPTION	PRICE	AMOUNT
		<i>Late fees Jan - April</i>		
		<i>1/16/02 invoice - 7410</i>	<i>15.00</i>	<i>15.00</i>
		<i>12/31/01 invoice - 7351</i>	<i>20.00</i>	<i>20.00</i>
				<i>25.00</i>
		<i>12/31/01 returned check fee</i>	<i>25.00</i>	<i>for invoice # 7351</i>

SERVICE PERFORMED <i>Late fees -- 9 1/2 hrs. to fee</i>	TOTAL MATERIAL	---
	TECHNICAL SERVICE TIME	---
	TAX	---
	TOTAL	<i>60.00</i>

Thank You! DATE COMPLETED **CASH** UPON COMPLETION OF WORK TOTAL *60.00*

INVOICE COPY I hereby accept above performed service, and charges, as being satisfactory and acknowledge that equipment has been left in good condition

Technician _____ Customer's Signature _____
\$5 SERVICE CHARGE TO REBILL

QUALITY PLUS 3522

PAYMENT DUE UPON COMPLETION OF ALL WORK UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE

BIG K Super K

Kmart Corporation

74-478/724

CHECK NUMBER: 004032850

PAY: EIGHTY-SIX AND 12/100 DOLLARS

383970181

TO THE ORDER OF

MIKES HEATING & AIR CONDITIONING
1104 SOUTH CRYSTAL SPRINGS RD
ROYAL AR 71968

CHECK DATE	CHECK AMOUNT
01/20/02	*****86.12
EXCISE	

COMERICA BANK & TRUST, N.A.
ANN ARBOR, MI

V09B AFTER

AUTHORIZED SIGNATURE (SIGNATURE LINE CONTAINS KIMART LOGO)

THIS DOCUMENT IS PRINTED IN BLUE INK AND CONTAINS SECURITY FEATURES

⑆004032850⑆ ⑆072404786⑆ 2176965339⑆

⑆0000008612⑆

*Copy of
Returned
check # 7351
for Inv#*

MIKE'S HEATING & AIR CONDITIONING

1104 South Crystal Springs Road
Royal, AR 71968
501-991-3290

No 7410

<input type="checkbox"/> SERVICE	<input type="checkbox"/> PICK UP	PHONE	<input type="checkbox"/> REPAIR IN	DATE OF ORDER
<input type="checkbox"/> INSTALL	<input type="checkbox"/> DELIVER		<input type="checkbox"/> HOME <input type="checkbox"/> SHOP	1-16-02
NAME <i>K-Mort Central</i>			DATE PROMISED	
ADDRESS			APARTMENT	
CITY			DATE OF ORIGINAL INSTALLATION	
MAKE	MODEL	SERIAL NO		PAYMENT
NATURE OF SERVICE REQUEST <i>⇒ Refrigerator</i>				
				<input type="checkbox"/> WARRANTY
				<input type="checkbox"/> CONTRACT
				<input type="checkbox"/> CASH
				<input type="checkbox"/> CHARGE
				<input type="checkbox"/> CHECK # _____

QUANTITY	PART NUMBER	DESCRIPTION	PRICE	AMOUNT

SERVICE PERFORMED <i>- clean condenser</i> <i>- check refrigerant</i> <i>- open condensate drain</i>	TOTAL MATERIAL	
	TECHNICAL SERVICE TIME	
	TAX	<i>\$60.00</i>
	TOTAL	<i>4 57</i>
<i>Thank You!</i>	DATE COMPLETED	CASH UPON COMPLETION OF WORK →
		<i>64 57</i>

INVOICE COPY I hereby accept above performed service, and charges, as being satisfactory and acknowledge that equipment has been left in good condition.

Technician _____ Customer's Signature _____

\$5 SERVICE CHARGE TO REBILL

CAUTION: OUR UPON COMPLETION OF ALL WORK UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE

QUALITY PLUS 3522