

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		PROOF OF CLAIM Chapter 11
<b>In Re Kmart Corporation, et al.</b>		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.		
Name of Creditor (The person or other entity to whom the debtor owes money or property)		\$809.74
11 2408883		
LABAGHS STORAGE TRAILER SALES & 105 GILLEN ROAD MIDDLETOWN, NY 10940		
<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 checked="" 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:		10575838
Creditor Name		This Space is for Court Use Only
Address		
City/State/Zip		
Telephone #		
Account or other number by which creditor identifies debtor		
K MART		
Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated		
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Storage container rental</u>		<input type="checkbox"/> Retroe 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>1/7/02 - 1/11/02 - 2/20/02</u>		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ _____		
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.		
<b>5. Secured Claim.</b> <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 \$ _____		<b>6. Unsecured Priority Claim.</b> <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 checked="" 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
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	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)	
4/8/02	Carolee H. Labrecht, Vice Pres	A.B. 4-12-02 4952
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		

**LaBagh's Storage Trailers**  
**105 Gillen Road**  
**Middletown, NY 10940**

**Statement**

Statement Date:  
 Apr 8, 2002

Customer ID:  
 K MART

Voice: 845-733-1750  
 Fax: 845-733-4404

**Account Of:**  
**K MART CORP.**  
**444 RT. 211 EAST**  
**MIDDLETOWN, NY 10940**

Amount Enclosed  
 \$

Date	Date Due	Reference	Paid	Description	Amount	Balance
1/7/02	2/6/02	32			209.14	209.14
1/11/02	2/10/02	33			429.00	638.14
3/6/02	3/22/02	36			171.60	809.74
3/26/02	4/25/02	42			214.50	1,024.24
5/16/02	4/25/02	43			1,501.50	2,525.74
3/26/02	4/25/02	44			171.60	2,697.34

**TOTAL** 2,697.34

0 - 30	31 - 60	61 - 90	Over 90 days
1,887.60	171.60	429.00	209.14

**LABAGH'S STORAGE TRAILER  
SALES & RENTALS, INC.**  
105 Gillen Rd.  
MIDDLETOWN, NY 10940

**INVOICE**

**(845) 733-1750  
Fax (845) 733-4404**

INVOICE NO. 36 INVOICE DATE Feb 20, 2002

Page: 1

**SOLD TO:**  
K MART CORP.  
444 RT. 211 EAST  
MIDDLETOWN, NY 10940

**Customer ID: K MART**

PURCHASE ORDER NUMBER	DATE ORDERED	PAYMENT DATE	SALESPERSON
		3/22/02	
TERMS		NOTES	
Net 30 Days			

REFERENCE	DESCRIPTION	AMOUNT
02131	STORAGE TRAILER RENTAL FEB 19 - MARCH 19, 2002	160.00
DELIVERY	DELIVERY CHARGE TO MIDDLETOWN	30.00
PICK-UP	PICK-UP CHARGE TO MIDDLETOWN	30.00

MESSAGE

SUBTOTAL	160.00
SALES TAX	11.60
SHIPPING	
<b>TOTAL</b>	<b>171.60</b>

We will add finance charges on invoices more than 30 days overdue.

**LABAGH'S STORAGE TRAILER  
SALES & RENTALS, INC.**

105 Gillen Rd.  
MIDDLETOWN, NY 10940

**(845) 733-1750  
Fax (845) 733-4404**

**INVOICE**

INVOICE NO. 32 INVOICE DATE Jan 7, 2002

Page: 1

SOLD TO:

K MART CORP.  
444 RT. 211 EAST  
MIDDLETOWN, NY 10940

Customer ID: K MART

PURCHASE ORDER NUMBER	DATE ORDERED	PAYMENT DATE	SALESPERSON
		2/6/02	
TERMS		NOTES	
Net 30 Days			

REFERENCE	DESCRIPTION	AMOUNT
14	DATE:DEC 12 - JAN 12, 2002	.00.00
4112	DATE:NOV 12 - JAN 04, 2002	95.00
	RETURNED JAN 01, 2002	

MESSAGE

SUBTOTAL	195.00
SALES TAX	11.14
SHIPPING	
<b>TOTAL</b>	<b>209.14</b>

We will add finance charges on invoices more than 30 days overdue.

**LABAGH'S STORAGE TRAILER  
SALES & RENTALS, INC.**  
105 Gillen Rd.  
MIDDLETOWN, NY 10940

**INVOICE**

**(845) 733-1750  
Fax (845) 733-4404**

INVOICE NO. 33      INVOICE DATE Jan 11, 2002

Page: 1

SOLD TO:

K MART CORP.  
444 RT. 211 EAST  
MIDDLETOWN, NY 10940

Customer ID: K MART

PURCHASE ORDER NUMBER	DATE ORDERED	PAYMENT DATE	SALESPERSON
		2/10/02	
TERMS		NOTES	
Net 30 Days			

REFERENCE	DESCRIPTION	AMOUNT
1-300	DATE: JAN 17 - FEB 17, 21002	100.00
1-11	DATE: JAN 23 - FEB 23, 2002	100.00
1-11	DATE: JAN 23 - FEB 23, 2002	100.00
1-10	DATE: JAN 12 - FEB 12, 2002	100.00

MESSAGE

SUBTOTAL	400.00
SALES TAX	29.00
SHIPPING	
<b>TOTAL</b>	<b>429.00</b>

We will add finance charges on invoices more than 30 days overdue.