

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		PROOF OF CLAIM Chapter 11
In Re <b>Kmart Corporation, et al</b>		Your claim is scheduled as follows
Case Numbers <b>02-02462 through 02-02499</b>		Class <b>UNSECURED NON PRIORITY</b>
Name of Debtor (see attached for complete list of debtors)		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.		CONTINGENT, DISPUTED, UNLIQUIDATED
Name of Creditor (The person or other entity to whom the debtor owes money or property)	<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.	
Name of Creditor: <b>GEORGE, GERALDINE</b> <b>820 EAST MONCLAIR APT 114</b> <b>SPRINGFIELD, MO 65807</b> ID: <b>11 2372063</b>		10079487
If address differs from above, please complete the following: Creditor Name: <i>Geraldine George</i> Telephone: <i>(417) 8968651</i> Address: City/ST/Zip:		This Space is for Court Use Only
Account or other number by which creditor identifies debtor	<input type="checkbox"/> Check here if this claim <input type="checkbox"/> replaces <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 checked="" type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other	<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: <i>11/26/01</i>	3. If court judgment, date obtained:	
<b>4. Total Amount of Claim at Time Case Filed:</b> <i>\$ 268.31</i> 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 type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) ( )	
<b>7. Credits.</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>8. Supporting Documents:</b> 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. <b>9. Date-Stamped Copy:</b> 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
Date: <i>4/9/2002</i>	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): <i>Geraldine George</i> <b>GERALDINE GEORGE</b>	
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		

A.B. 4-12-02 4960

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

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In re

KMART CORPORATION, et al

Case No. 02-02474  
(Jointly Administered)  
Chapter 11  
Chief Judge Susan Pierson Sonderby

Debtors

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**NOTICE OF LAST DATE AND PROCEDURES FOR FILING PROOFS OF CLAIM**

**TO ALL PERSONS ASSERTING A CLAIM AGAINST ANY OF THE ABOVE ENTITIES :**

On March 6, 2002, the United States Bankruptcy Court for the Northern District of Illinois, Eastern Division (the "Bankruptcy Court"), entered an Order in the Kmart Chapter 11 cases (the "Bar Date Order") establishing **July 31, 2002**, as the general claims bar date (the "General Bar Date"). Except as described below, the Bar Date Order requires that any Claims (as defined herein) against any of the Debtors listed on Exhibit A attached to this Bar Date Notice be filed with the claims agent appointed by the Bankruptcy Court, Trumbull Services, LLC (the "Claims Agent") by submitting a proof of claim to either of the following addresses:

If by U.S. Mail

Kmart Corporation, et al  
c/o Trumbull Services, LLC  
P O Box 426  
Windsor, CT 06095

If by Overnight Courier or Hand Delivery

Kmart Corporation, et al  
c/o Trumbull Services, LLC  
Griffin Center  
4 Griffin Road North  
Windsor, CT 06095

Proofs of claim must be actually received on or before 4:00 p.m., prevailing Eastern Time, on the General Bar Date, **July 31, 2002**. Proofs of claim are deemed filed only when they are actually received by the Claims Agent, and facsimile submissions will not be accepted.

For your convenience, a proof of claim form is enclosed with this Bar Date Notice, which sets forth the amount, nature and classification of your Claim(s) as set forth in the Debtors' schedules of assets and liabilities to be filed with the Bankruptcy Court on or before April 15, 2002 (the "Schedules").

**ENTITIES REQUIRED TO FILE A PROOF OF CLAIM**

Pursuant to the Bar Date Order, all persons or entities, including, without limitation, individuals, partnerships, corporations, estates, trusts, unions, indenture trustees, the U.S. Trustee and governmental units (individually, an "Entity"<sup>1</sup>) holding claims against the Debtors (whether secured,

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<sup>1</sup> Entities include, but are not limited to, the following Entities: (1) creditors whose Claims against a Debtor arose out of the rejection of executory contracts or unexpired leases by the Debtors prior to the entry of the order establishing the General Bar Date, (2) governmental units holding claims against a Debtor for unpaid taxes, whether arising from prepetition tax years or periods or

not limited to, claims for damages or rescission based on the purchase or sale of any such securities must file a proof of claim on or prior to the General Bar Date unless another exception set forth herein applies

### **CLAIMS RELATED TO REJECTION OF EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Any Entity whose Claims arose out of the rejection of an executory contract or an unexpired lease must file a proof of claim on or before the later of (1) the date set by the Court in the Order authorizing the rejection of such contract or lease, and (2) the General Bar Date (the "Rejection Bar Date")

### **CLAIMS RELATED TO AMENDMENTS TO SCHEDULES**

If the Debtors amend their Schedules subsequent to the mailing and publication of this Bar Date Notice to reduce the undisputed, noncontingent and liquidated amount or to change the nature or classification of a Claim against a Debtor reflected therein, then the affected claimant shall have until the later of (1) 30 days after such claimant is served with notice that the Debtors have amended their Schedules or (2) the General Bar Date to file a proof of claim or to amend any previously filed proof of claim (the "Amended Schedule Bar Date")

### **CONSEQUENCES OF FAILURE TO FILE A PROOF OF CLAIM**

Any Entity that is required to file a proof of claim, but that fails to do so in a timely manner, will be forever barred, estopped and enjoined from

- i asserting any Claim against any of the Debtors that such entity has that (i) is in an amount that exceeds the amount, if any, that is set forth in the Schedules, or (ii) is of a different nature or in a different classification (in either case, an "Unscheduled Claim"); and
- j voting upon, or receiving distributions under, any plan or plans of reorganization in these chapter 11 cases in respect of an Unscheduled Claim

If it is unclear from the Schedules whether your Claim is disputed, contingent or unliquidated as to amount or is otherwise properly listed and classified, you must file a proof of claim on or before the General Bar Date. Any Entity that relies on the Schedules bears responsibility for determining that its Claim is accurately listed therein

### **FILING PROOFS OF CLAIM AGAINST OTHER DEBTORS**

Any Entity asserting Claims against more than one Debtor must file a separate proof of claim with respect to each such Debtor. If more than one Debtor is listed on a form, the Debtors will treat such claim as filed against the first listed Debtor. All Entities must identify on their proof of claim the holder or holders of the Claim and the particular Debtor against which their Claim is asserted. A list of Debtors, together with their respective case numbers, is attached to this Bar Date Notice as Exhibit A. Any Claims filed in the Joint Administration Case Number (Kmart Corporation, Case No. 02-02474) shall be deemed filed only against Kmart Corporation

I'm 78 yrs old and I don't understand  
all these papers. I'm sorry if it's all wrong

To whom it may concern.

On the 26<sup>th</sup> of Nov/01 I was shopping in K Mart  
store in Springfield, Mo. I was shopping in the childrens  
dept. which was crowded with clothes I started to go to  
another section and I tripped on a bar & rack that should  
not have been there the supervisor said: So I tripped  
over it and caught my self on another table to keep  
from going down. I strained my whole body. I suffered  
a great deal right away. no one else was around except  
1 woman she was walking down the hall. I said to her  
some one gonna get hurt real bad with this thing in  
the way she said that's right and kept on going. So  
I went up to the front desk they like to never wanted  
one on me. So she called a woman from the office and  
she took all the information and said she would call  
me in a couple of days. and she didn't call so I went  
back to the store again. I talked to Dave the assistant  
manager. I told him she was suppose to call me and she  
said no that the Ins. company was suppose to call me  
So the manager & Dave gave me papers to take to this  
Clinic. They said they were the ones to take care of K. Mart  
injuries so I did go and got checked over at this  
Clinic but they are after their money too. I have sent  
papers into Claims Dept 3 different times still  
nothing I talked to Linda Hernandez and  
Lashonna Renuwick

Geraldine George

# Statement of Injured

Name <i>Willie Geraldine George</i>		Name of Spouse <i>George</i>		Telephone # <i>417</i> <i>8868651</i>	
Address <i>820 E. Woodlawn #114</i> <i>Springfield, Mo 65807</i>		Occupation <i>Retired</i>		Average Weekly Wage <i>monthly</i> <i>\$ 979.00</i>	
Former Address		Date of Birth <i>12/12/33</i>		Social Security # <i>446 226448</i>	
Employer's Name, Address, and Phone Number					
Height <i>5'7 1/2 in</i>	Weight <i>175</i>	Eye Color <i>Blue</i>	Glasses/Contacts <i>Glasses</i>	Hair Color <i>Grey</i>	Right or Left Handed <i>Right</i>
Any previous injuries? <i>no</i>		Explain and provide date(s)			
Date, time, and place of this incident <i>11/26/01 2:40 PM Inside K. Mart 5 Lane</i>					
Describe in detail what you were doing and what happened when you were injured at Kmart (continue on a separate sheet if necessary) <i>I was shopping in Sockers clothes department tripped over a steel bar which I couldn't see. It hit my back and I fell forward and strained my self from right foot all the way up my body</i>					
Name, address, & phone number of witness having knowledge of this incident					
Describe your injury in detail <i>I hurt my foot and strained my back and rest of my body (which could have been a lot worse)</i>					
Name, address, & phone number of treating physician <i>Family Medical walk in Clinic 4049 S. Campbell Springfield Mo. 65807</i>		Date of 1st visit		Number of visits <i>1</i>	
Are you still treating? <i>no</i>		How often?		Have you missed time from work? <i>no</i>	
Date returned to work		If not, when are you expected to return to work?			
				If still disabled, state your present condition	

This authorization, or a photo copy hereof, will authorize you to give Sedgwick Claims Management Services or its representative, all information you may have regarding my condition while under your observation or treatment, including the history obtained, x-ray and physical findings, diagnosis and prognosis

Signed *Willie Geraldine George*  
Signature of Injured

Address *820 E. Woodlawn #114*  
*Springfield, Mo. 65807*

Date *1/21/02*

**STORE AUTHORIZATION FOR FIRST AID**

STORE STAMP

TO BE COMPLETED BY STORE PERSONNEL

To: **FAMILY MEDICAL  
WALK-IN CLINIC, INC  
4049 S. CAMPBELL  
SPRINGFIELD, MO 65807**

Authorized By \_\_\_\_\_

We will pay the reasonable and ordinary charges for one time emergency first aid treatment of the patient described below, administered within 24 hours of the incident described below, if this form is completed in its entirety, including the Medical Report section below, and the completed form is returned to the store with an itemized bill and a copy of the admitting notes. This authorization is for one use only, and does not extend to follow up care and is not an admission of liability.

Patient Name: Corvidine George Incident Date: 11-26-01 Incident Time: 2:40 pm  
Address: 820 E. Montclair DOB: 12-16-23 Soc. Sec. No: 446-22-6446  
Springfield Mo 65807 Height: 5'2" Weight: 175  
Chief Complaint: lytic 2

**PATIENT AUTHORIZATION TO RELEASE INFORMATION**

Any and all providers of medical services. This authorization or copy of this authorization will allow you to give to the patient or to the person named below, information, such as, but not limited to, medical history, physical, clinical observations, test results, treatment, prognosis and related information.

Patient's signature: [Signature] Date: 12/2/01  
(Patient's name for patient under age 18 and print "child" name next to parent's signature)

TO BE COMPLETED BY PATIENT

**PHYSICIAN'S MEDICAL REPORT**

Date of examination/treatment: 12-2-01

History of incident given by patient: fell over @ unstable  
walk @ Kmart on 11/26/01  
Patient's complaints: Back & @ leg Pain, Chest wall  
Pain  
Clinical findings: Muscular strain, contusion

Has patient ever had same or similar condition? no If yes, when? \_\_\_\_\_  
Diagnosis: Muscular strain

Treatment rendered: Muscle Relaxer meds

Prognosis: Is patient disabled? no If yes, how long is disability expected? \_\_\_\_\_  
Have you treated this patient before? no Approximate date of last treatment \_\_\_\_\_

Signature of physician: [Signature] Date: 12-2-01

Name of physician: Laurie Miller FNP Fed ID: \_\_\_\_\_

Office address: \_\_\_\_\_

**FAMILY MEDICAL  
WALK-IN CLINIC, INC  
4049 S CAMPBELL  
SPRINGFIELD, MO 65807**

TO BE COMPLETED BY PHYSICIAN

**MAKE CHECKS PAYABLE TO:**

**IF PAYING BY MASTERCARD, DISCOVER OR VISA, FILL OUT BELOW**

SPFD FAMILY MEDICAL WALK-IN CLINICS  
4049 S CAMPBELL  
SPRINGFIELD MO 658075303



ADDRESS SERVICE REQUESTED

STATEMENT DATE

PAY THIS AMOUNT

ACCT #

12/06/01

\$268.31

66329

LAST PMT  
AMOUNT

0.00

PAGE NO 1

SHOW AMOUNT  
PAID HERE

\$

**ADDRESSEE:**

**REMIT TO:**

WILLIE G GEORGE  
820 E MONTCLAIR #114  
SPRINGFIELD MO 65807

SPFD FAMILY MEDICAL WALK-IN CLINICS  
4049 S CAMPBELL  
SPRINGFIELD MO 658075303

03951624 6176

**STATEMENT**

PLEASE PRINT

UP PORTION WITH YOUR PAYMENT

Date of Service	Patient	Date Ins Billed	Code	Loc	Description	Charges	Credits	Insurance Receipts	Patient Receipts	Adjust.	Balance
12/02/01	WILLIE		99202	SP	OFFICE VISIT NEW PT LEVEL 2	85.00					85.00
12/02/01	WILLIE		71020	SP	XRAY, CHEST; 2 VIEWS	50.35					50.35
12/02/01	WILLIE		73510	SP	XRAY, HIP UNILATERAL; 2 VIEWS (MIN)	48.34					48.34
12/02/01	WILLIE		72170	SP	XRAY, PELVIS; 1 VIEW	41.49					41.49
12/02/01	WILLIE		81002	SP	LAB URINALYSIS IN HOUSE	11.13					11.13
12/02/01	WILLIE		99070	SP	RX SKELAXIN, 400 MG, (METAXALOME)42	32.00					32.00

**\*\* Statement Due Upon Receipt \* Thank You \*\***

Current	30-60 Days	60-90 Days	90-120 Days	120 DAYS +	Total Balance	Ins. Pending	PATIENT DUE
268.31	0.00	0.00	0.00	0.00	268.31	0.00	\$268.31

**Location Codes:**

NX - Nixa  
SP - Springfield

**Message**

Questions about the insurance payment or co-pay should be directed to the phone # on your insurance card.

**Make Checks Payable To:**

SPFD FAMILY MEDICAL WALK-IN CLINICS  
4049 S. CAMPBELL  
SPRINGFIELD MO 658075303

**Billing Questions**

(417) 890-5550

**Federal Tax Id**

431782707

Exhibit A

KMART CORPORATION OF ILLINOIS, INC	Case No 02-02462
KMART OF INDIANA	Case No 02-02463
KMART OF PENNSYLVANIA LP	Case No 02-02464
KMART OF TEXAS LP	Case No 02-02466
KMART OF NORTH CAROLINA LLC	Case No 02-02465
BIG BEAVER OF FLORIDA DEVELOPMENT, LLC	Case No 02-02468
BLUETIGHT COM LLC	Case No 02-02467
KMART MICHIGAN PROPERTY SERVICES, LLC	Case No 02-02470
THE COOLIDGE GROUP, n/k/a, TC GROUP LLC	Case No 02-02469
TROY CMBS PROPERTY, LLC	Case No 02-02472
KMART FINANCING I	Case No 02-02471
KMART CORPORATION	Case No 02-02474
BIG BEAVER DEVELOPMENT CORPORATION	Case No 02-02473
BIG BEAVER OF CAGUAS DEVELOPMENT CORPORATION	Case No 02-02476
BIG BEAVER OF GUAYNABO DEVELOPMENT CORPORATION	Case No 02-02475
BLUETIGHT COM, INC	Case No 02-02477
KMART HOLDINGS, INC	Case No 02-02478
KMART OF AMSTERDAM, NY DISTRIBUTION CENTER, INC	Case No 02-02479
KMART STORES OF INDIANA, INC	Case No 02-02480
KMART OF MICHIGAN, INC	Case No 02-02481
KMART STORES OF INC P, INC	Case No 02-02482
KMART OVERSEAS CORPORATION	Case No 02-02483
IAF, INC	Case No 02-02484
VIA, INC	Case No 02-02485
BIG BEAVER OF CAGUAS DEVELOPMENT CORPORATION II	Case No 02-02486
BIG BEAVER OF CAROLINA DEVELOPMENT CORPORATION	Case No 02-02487
KMART PHARMACIES, INC	Case No 02-02488
KMART PHARMACIES OF MINNESOTA, INC	Case No 02-02492
BUILDERS SQUARE, INC	Case No 02-02489
KMART CMBS FINANCING, INC	Case No 02-02494
KMART INTERNATIONAL SERVICES, INC	Case No 02-02490
PMB, INC	Case No 02-02496
SOURCING & TECHNICAL SERVICES INC	Case No 02-02491
II I, INC	Case No 02-02497
SHMERCHANDISING, INC	Case No 02-02493
KBI HOLDING INC	Case No 02-02498
KIC, INC	Case No 02-02495
STPR, INC	Case No 02-02499