

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) K Mart Corporation		Case Number: 02-02474
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) DOOR PROFESSIONALS INC 2211 BADGER COURT WAUKESHA, WI 53188		<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: Creditor Name Address City, St, Zip		Amount \$460.60 Telephone # 262-544-1973 10560678 This Space is for Court Use Only
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 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: 12/7/01 + 12/14/01	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 460.60 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		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 4/8/02	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) Anne Scherwinski	
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		

AB 4-12-02 4964

DOOR PROFESSIONALS, INC.
 2211 BADGER COURT
 WAUKESHA, WI 53188
 (262) 544-1973 FAX (262) 544-1636

INVOICE

DATE INVOICE NO
 12/10/2001 15356

BILL TO

K Mart
 Attn Jim
 18200 W Bluemound Rd
 Brookfield, WI 53005

SERVICE LOCATION

K Mart
 18200 W Bluemound Rd
 Brookfield, WI

 2 Pair Front Manual A/G Entry Doors

Customer PO #	Terms	Service Date	Phone/Fax	Work Order #
Per Jim	30 Days Net	12/07/2001	262-792-1982	15648

Item	Qty	Description	Amount
Parts		Parts	34.80
Labor Com		Labor Commercial	325.00
		Service done at above: Remount headers, replace bad flush bolts, redrill lower lockout holes, adjust closures and lock bolts	359.80
		Non-Taxable Service	0.00

Our Experience Opens Doors!
 FEDERAL ID # 39-1700466

Total \$359.80

WE ACCEPT MASTERCARD, VISA, AMERICAN EXPRESS AND DISCOVER

INVOICE

DOOR PROFESSIONALS, INC.
2211 BADGER COURT
WAUKESHA, WI 53188
(262) 544-1973 FAX (262) 544-1636

DATE INVOICE NO
12/17/2001 15383

BILL TO
K Mart
Attn: Accts Payable
18200 W Bluemound Rd
Brookfield, WI 53005

SERVICE LOCATION
Rear Door/Garden Shop

Customer PO #	Terms	Service Date	Phone/Fax	Work Order #
Per Jim	30 Days Net	12/14/2001	262-792-1982	15730

Item	Qty	Description	Amount
Parts		Parts	3 301
Labor Com		Labor Commercial	97 50
		Service done on Rear Door/Garden Shop Remount and adjust header, shim vertical rod stops, and adjust closure	100 80
		Non-Taxable Service	0 00

Our Experience Opens Doors!
FEDERAL ID # 39-1700466

Total \$100 80

WE ACCEPT MASTERCARD, VISA, AMERICAN EXPRESS AND DISCOVER

