FORM B10 (Official Form 10) 4028555

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)

Case Number:

Your claim is scheduled as follows

Class

UNSECURED NON PRIORITY

Amount

$9,597.02

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)

11 2394677

MARKETING COMMUNICATIONS INC
JOHN DOE
4334 BROCKTON DR SE STE F
GRAND RAPIDS, MI 49512

☐ 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

☐ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
APR 12 2002
KENNETH S. GARDNER, CLERK
MAILROOM - KC

If address differs from above, please complete the following:
Creditor Name

Telephone #

Address

City/St/Zip

10573326

This Space is for Court Use Only

Account or other number by which creditor identifies debtor
Vendor # 0000071515

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated

1. Basis for Claim
- ☒ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
  Your SS #
  Unpaid compensation for services performed from (date) to (date)

2. Date debt was incurred:
11/29/02

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $9,597.02
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below
☐ 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.
☐ Check this box if your claim is secured by collateral (including a right of setoff)
Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle ☐ Other

Value of Collateral $

Amount of arrearage and other charges at time case filed included in secured claim, if any $

6. Unsecured Priority Claim.
☐ Check this box if you have an unsecured priority claim
Amount entitled to priority $ _____
Specify the priority of the claim
- ☐ 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)
- ☐ Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4)
- ☐ 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)
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse or child - 11 U.S.C. § 507(a)(7)
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)
- ☐ 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.

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SM 5332

4/12/02

[redacted]

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)
Brian Cole Brian Cole President

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.

Marketing Communications Inc.
4334 Brockton Dr. SE, Suite F
Grand Rapids, MI 49512

Voice: (800) 942-9225
Fax: (888) 942-2647

Invoice

Invoice Number
4220

Invoice Date
1/29/2002

Page:
1

Sold To:
THE COOLIDGE GROUP, LLC
C/O KMART CORPORATION
PO BOX 5003
TROY, MI 48007

ATTN: ACCOUNTS PAYABLE

Ship To:
CROWNE METAL
765 S ROUTE 83
ELMHURST, IL 60126

ATTN: RICHARD ERNEST

Customer ID	Customer PO	Payment Terms	
1684	Tcg01-7000004402	Net 30	
Sales Rep.	**Shipping Method**	**Ship Date**	**Due Date**
Brian Cole	Abf Freight	1/9/2002	2/28/2002

Quantity	Customer Part # / MCI Part #	Description	Unit Price	Extension
2114	KM3048 / 3497	Chaise Lounge Sign Holder	$4 16000	$8,794 24

Tax Rate: 0 Sales Tax Exempt - Out Of State

Subtotal	$8,794 24
Sales Tax	
Freight	$271 38
Handling	
Total Invoice Amount	**$9,065.62**

Ordered By: Michael Bryson **Acct #:** 0100812
Project: Chaise Lounge Sign Holder

See Enclosed Disc For Shipping Locations

Purchase Order - Multiple Stores

The Coolidge Group LLC
3100 W Big Beaver Road
Troy, MI 48084
United States

Purchase Order	Date	Revision	Page
TCGO1 7000004402	1/9/02		1
Payment Terms		1	Ship Via
Standard	STANDARD		Call Diane Pilette at KRC
Buyer Michael Bryson		Currency Code	USD

Vendor 0000071515
Marketing Communications
4334 Brockton Dr S E , Ste F
Grand Rapids, MI 49512

Ship To Crown Metal
765 S Route 83
Elmhurst, IL 60126-4228

Bill To **The Coolidge Group LLC**
Accounts Payable
P O Box 5003
Troy, MI 48007
United States

Tax Exempt? YES Tax Exempt ID 383588487

Line-Schd	Item ID	Description	Quantity	UMO	P O Price	Extended Amount	Due Date
N/A	KM3048	CHAISE LOUNGE SIGNHOLDER	2114		4 16	$8,794 24	1/15/02
		(pkg of 5)					

****SEE ATTACHED SPREADSHEET****

Total Order Amount: $ $8,794 24
Project #: 0100812
Authorization: Michael Bryson

SPECIAL SHIPPING REQUIREMENTS

*****PLEASE NOTE: NEW LABEL REQUIREMENTS LISTED BELOW**

For scheduling of carriers, KRC Transportation must be contacted IMMEDIATELY with the cube and size of shipment per store
Packing and pallet confirguration must also be provided at this time **Call Diane Pilette at (248) 637-3659.**
A standard orange ***5.5" X 8.5"*** Kmart fixture label must be attached to every store shipment indicating **"Reset name"** at the buttom of the label
An 8 ½" X 11" flier indicating **"Fixtures for Reset Name"** must be inserted in every box
A 1" wide fluorescent orange reset fixtures tape must be wrapped around every box.
Labels and tape to be obtained from Safeguard Business Systems, 76 Brookshire Circle, Thornhill, ON L3T 7B2, (416) 502-3047
A copy of the packing, pallet confirguration and assembly instructions must be submitted to Buyer before shipments begin