UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIV

PROOF OF CLAIM

Name of Debtor	Case Number
Kmart Corporation, Inc.	**02 B 2474**

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

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
APR 9 2002
KENNETH S. GARDNER
MAILROOM - MM

THIS SPACE IF FOR COURT USE ONLY

Name of Creditor

XEROX **Corporation**

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

Name and address where notices should be sent

XEROX CORPORATION
ATTN: V.A. DAVIS
P O BOX 660506
DALLAS TX 75266-9937

Telephone number: 972-420-5963

Account or other number by which creditor identifies debtor

665032694

Check here if claim: replaces a previously filed claim dated _____ amends

1. Basis for Claim

- Goods sold
- Services performed
- Money loaned
- Personal injury / wrongful death
- Taxes
- Other X
- Retiree benefits as defined in 11 U.S.C. 114(a)
- Wages, salaries, and compensation [fill out below]
  Your SS#: _____ _____ _____
  Unpaid compensation for services performed
  from _____ (date) to _____ (date)

2. Date debt was incurred: [SEE ATTACHED]

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: 301.56

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

Brief Description of Collateral

Real Estate

Motor Vehicle

Other _____

Value of Collateral $ _____

6. Unsecured Priority Claim

Check this box if you have an unsecured priority claim

Amount entitle to priority $ _____

Specify the priority of the claim

Wages, salaries or commissions up to $4,300 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)

Contribution to an employee benefit plan - 11 U S C 507 (a) (4)

Up to $1,950* 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 USC 507 (a) (__ _),

**Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment*

7. Credits: The amountof 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 a promissory notes, purchase orders, invoices, itemized statements of runnig 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.

THIS SPACE IF FOR COURT USE ONLY

SM 5489

4/9/02

Date	Sign and print the name an title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)
03/11/2002	Sharon Ivy Sharon Ivy

Penalty for presenting fraudulent claim Fine of up to $500,000 or imprisonment for up to 5 years, or obth 18 U S C 152 and 3571

Date: March 8, 2002
Statement of Account

Customer Name : KMART STORE #9545
Customer Number: 665032694
Serial Number : 0MW109043
Recoveries : 0 00

Invoice No	Inv Date	BN	Invoice Amount	Account Balance
086029134	12/21/01	W1	45.10	45.10
086413351	01/10/02	W1	256.46	301.56