

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

PROOF OF CLAIM
Chapter 11

Name of Debtor: (see attached for complete list of debtors)
Kmart Corporation

Case Numbers *02-02462 through 02-02499*

Case Number:
02-02474

Name of Creditor (The person or other entity to whom the debtor owes money or property):

*A OK LOCK & KEY
1930 W GARY BLVD
CLINTON, OK 73601*

- 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.

Your claim is scheduled as follows:

Class
NOT SCHEDULED

Amount
NOT SCHEDULED

10653090

This Space is for Court Use Only

If address differs from above, please complete the following:

Creditor Name: *A-OK Lock & Key*

Address: *920 Gary Blvd.*

City/St/Zip: *Clinton, OK 73601*

Telephone: #
580-323-4032

Account or other number by which creditor identifies debtor:

Check here if replaces this claim 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 _____ to _____ (date) (date)

2. Date debt was incurred: *3-12-02*

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.

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.

Date
4-9-02

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):
Linda J. Beauchamp - Linda J. Beauchamp - Co-owner

RECEIVED
TRUSTEE'S OFFICE
BANKRUPTCY COURT
2002 APR 12 AM 11:35
4/12/02
CC 5608

A-OK Lock & Key

920 Gary Blvd.

Clinton, OK 73601

323-4032 772-3033

243-3034

Invoice

DATE	INVOICE #
3/12/2002	S1212

BILL TO
K-MART # 4782 2501 REDWHEAT DRIVE CLINTON, OK. 73601

SHIP TO
K-MART # 4782 2501 REDWHEAT DRIVE CLINTON, OK. 73601

P.O. NUMBER	TERMS	REP	SHIP	VIA	F.O.B.	PROJECT
	Due on receipt		3/12/2002			

QUANTITY	ITEM CODE	DESCRIPTION	PRICE EACH	AMOUNT
4	Y12	KEY TAX	1.25 9.00%	5.00T 0.45
<i>Jessie Dupree</i>				

Total

\$5.45