

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:
<p><small>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.</small></p> <p>Name of Creditor (The person or other entity to whom the debtor owes money or property)</p> <p style="text-align: right;">11 2293497</p> <p>CITY OF MOUNTAIN HOME NONE PO BOX 10 MOUNTAIN HOME, ID 83647</p>		<p>Your claim is scheduled as follows:</p> <p>Class UNSECURED NON PRIORITY</p> <p>Amount \$846.76</p>
<p>If address differs from above, please complete the following:</p> <p>Creditor Name _____ Telephone # _____</p> <p>Address _____</p> <p>City/St/Zip _____</p>		10570226
<p>Account or other number by which creditor identifies debtor _____</p>		<p>Check here if <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____</p>
<p>1. Basis for Claim</p> <p><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 _____</p>		<p><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)</p>
<p>2. Date debt was incurred: DEC - JAN 2002</p>		<p>3. If court judgment, date obtained:</p>
<p>4. Total Amount of Claim at Time Case Filed: \$ 906.76</p> <p>If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below</p> <p><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</p>		
<p>5. Secured Claim.</p> <p><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)</p> <p>Brief Description of Collateral _____</p> <p><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____</p> <p>Value of Collateral \$ _____</p> <p>Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____</p>		<p>6. Unsecured Priority Claim.</p> <p><input type="checkbox"/> Check this box if you have an unsecured priority claim</p> <p>Amount entitled to priority \$ _____</p> <p>Specify the priority of the claim:</p> <p><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)()</p>
<p>7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim</p> <p>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</p> <p>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</p>		<p>This Space is for Court Use Only</p> <p style="font-size: 2em;">5794</p> <p>RECEIVED TRUMBULL SERVICES COMPANY</p> <p>APR 12 2002</p>
<p>Date</p> <p>4-9-02</p>	<p>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)</p> <p>Betty Manning, BETTY MANNING, City Clerk</p>	
<p>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.</p>		

BANKRUPTCY

4-12-02 JB

CITY OF MTN. HOME P O BOX 10 - MTN HOME, IDAHO 83647
 (208) 587-2104
 SERVICE ADDRESS 2800 B AM LES BLVD

PRESORTED
 FIRST CLASS MAIL
 US POSTAGE
 PAID
 MTN HOME IDAHO
 PERMIT NO 1000

DATES	ACCT. NO.	PRESENT	PREVIOUS	CONSUMPTION
	2-271	5934000	5934000	

KMART #7668
 3100 W BIG BEAVER RD
 TROY, MI 48064

DATE	AMOUNT
03/10/02	

Charges are due upon receipt. Past due after the 10th of the following month. If past due ADD \$15.00 for late fee. Retain this portion of this bill for your records.

Please return with remittance.
 CASH CHECK AMT. REC.S

ACCOUNT NUMBER	DATE
2-271	03/10/02
PREVIOUS BAL	786.86
TOTAL DUE	786.86
TOTAL DUE	DATE OFF
786.86	01/23/02

Bankrupt

KMART #7668
 3100 W BIG BEAVER RD
 TROY, MI 48064

CITY OF MTN. HOME P O BOX 10 - MTN HOME, IDAHO 83647
 (208) 587-2104
 SERVICE ADDRESS 2800 C-55 AM LES BLVD

PRESORTED
 FIRST CLASS MAIL
 US POSTAGE
 PAID
 MTN HOME IDAHO
 PERMIT NO 1000

DATES	ACCT. NO.	PRESENT	PREVIOUS	CONSUMPTION
	2-270	17399000	17399000	

KMART #7668
 3100 W BIG BEAVER RD
 TROY, MI 48064

DATE	AMOUNT
03/10/02	

Charges are due upon receipt. Past due after the 10th of the following month. If past due ADD \$15.00 for late fee. Retain this portion of this bill for your records.

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ACCOUNT NUMBER	DATE
2-270	03/10/02
PREVIOUS BAL	17.48
TOTAL DUE	17.48
TOTAL DUE	DATE OFF
17.48	01/23/02

Bankrupt

KMART #7668
 3100 W BIG BEAVER RD
 TROY, MI 48064

CITY OF MTN. HOME P O BOX 10 - MTN HOME, IDAHO 83647
 (208) 587-2104
 SERVICE ADDRESS 2800 AM LES BLVD

PRESORTED
 FIRST CLASS MAIL
 US POSTAGE
 PAID
 MTN HOME IDAHO
 PERMIT NO 1000

DATES	ACCT. NO.	PRESENT	PREVIOUS	CONSUMPTION
	2-275	83900	83900	

KMART #7668
 3100 WEST BIG BEAVER RD
 TROY, MI 48064

DATE	AMOUNT
03/10/02	

Charges are due upon receipt. Past due after the 10th of the following month. If past due ADD \$15.00 for late fee. Retain this portion of this bill for your records.

Please return with remittance.
 CASH CHECK AMT. REC.S

ACCOUNT NUMBER	DATE
2-275	03/10/02
PREVIOUS BAL	102.42
TOTAL DUE	102.42
TOTAL DUE	DATE OFF
102.42	01/23/02

Bankrupt

KMART #7668
 3100 WEST BIG BEAVER RD
 TROY, MI 48064