

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

PROOF OF CLAIM  
Chapter 11

In Re ~~Kmart Corporation, et al.~~

Case Numbers 02-02463 through  
02-02499

Your claim is scheduled as follows:

Name of Debtor (see attached for complete list of debtors)

Case Number:

Class  
UNSECURED NON PRIORITY

*K Mart of Pennsylvania LP*

*02-02464*

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)

- 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.

Amount  
CONTINGENT, DISPUTED,  
UNLIQUIDATED

11 2367740

DAVIS, EVA  
RR 1 BOX 1900  
WAYMART, PA 18472

10077788

This Space is for Court Use Only

If address differs from above, please complete the following:

Creditor Name: *DAVIS, EVA*  
Address: *RR 3 Box 1900*  
City/State/Zip: *Waymart Pa 18472*

Telephone #  
*570-253-4510*

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: *2-26-01*

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  
 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 a 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

This Space is for Court Use Only

*\$M 6172*  
*INSTRUMENTS*

Date  
*4-13-02*

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)

*Eva J Davis*

*4-17-02*  
*BANKRUPTCY*

**LIST OF DEBTORS, CASE NUMBERS AND TAX IDENTIFICATION NUMBERS:**

<b>DEBTOR</b>	<b>CASE NUMBER</b>	<b>TAX ID NUMBER</b>
KMART CORPORATION OF ILLINOIS, INC	02-02462	37-0916029
KMART OF INDIANA	02-02463	38-3413374
KMART OF PENNSYLVANIA LP	02-02464	38-3469157
KMART OF NORTH CAROLINA LLC	02-02465	38-3469154
KMART OF TEXAS LP	02-02466	38-3469160
BLUELIGHT COM LLC	02-02467	77-0529022
BIG BEAVER OF FLORIDA DEVELOPMENT, LLC	02-02468	38-0729500
THE COOLIDGE GROUP, LLC N/K/A TC GROUP LLC	02-02469	38-2332504
KMART MICHIGAN PROPERTY SERVICES, LLC	02-02470	38-3384536
KMART FINANCING I	02-02471	38-6667809
TROY CMBS PROPERTY, LLC	02-02472	38-3334610
BIG BEAVER DEVELOPMENT CORPORATION	02-02473	38-2834722
KMART CORPORATION	02-02474	38-0729500
BIG BEAVER OF GUAYNABO DEVELOPMENT CORPORATION	02-02475	38-3225644
BIG BEAVER OF CAUGUS DEVELOPMENT CORPORATION	02-02476	38-3053789
BLUELIGHT COM, INC	02-02477	77-0527034
KMART HOLDINGS, INC	02-02478	38-3293882
KMART OF AMSTERDAM, NY DISTRIBUTION CENTER INC	02-02479	38-3626487
KMART STORES OF INDIANA, INC	02-02480	38-2831604
KMART OF MICHIGAN, INC	02-02481	38-3551696
KMART STORES OF INCP, INC	02-02482	38-2305127
KMART OVERSEAS CORPORATION	02-02483	31-0972999
JAF, INC	02-02484	38-2970528
VTA, INC	02-02485	51-0331035
BIG BEAVER OF CAGUAS DEVELOPMENT CORP II	02-02486	38-3175257
BIG BEAVER OF CAROLINA DEVELOPMENT CORPORATION	02-02487	38-3175256
K MART PHARMACIES, INC	02-02488	38-1978255
BUILDERS SQUARE, INC	02-02489	74-2259917
K MART INTERNATIONAL SERVICES, INC	02-02490	38-2331210
SOURCING & IT CLINICAL SERVICES INC	02-02491	22-3004708
<del>Smart Merchandising of America, Inc.</del>	<del>02-02492</del>	<del>38-3951987</del>
SMART MERCHANDISING, INC	02-02493	38-2760188
KMART CMBS FINANCING, INC	02-02494	38-3334553
KIC, INC	02-02495	75-2490839
PMB, INC	02-02496	75-1371063
ILJ, INC	02-02497	92-0132179
KBL HOLDING INC	02-02498	26-0031295
SFPR, INC	02-02499	N/A



# Kmart Customer Incident Information

3847  
3047 Kmart  
SCRANTON, PA  
DISCOUNT STORE

Store Stamp

Dear Kmart Customer,

We want you to have a positive experience every time you visit our store. If you have experienced an accident or loss of any kind while visiting us, please provide the information requested below. This information will help us meet our goal of continuous improvement in the operation of our store. It will also help us in contacting you to make sure we are providing the service you expect.

Please take the white copy of this document for your records. If after leaving the store you wish to provide further information or have any questions about your incident, please call our Store Team Manager.

We are sorry you had an unpleasant experience while our guest. We look forward to serving you better in the future.

Sincerely,

Your Kmart Store Management

Store Phone Number: 570-489-2591

## TO BE COMPLETED BY CUSTOMER:

Customer name: Eva J. Davis Customer's Street Address: RR1 Box 1900 Waymar

City: Waymart State: Pa Zip: 18472 Phone: 570-253-4510

Customer's employer: NONE Customer's sex: F

Customer's Date of Birth: 7-10-27 Customer's Social Security Number: \_\_\_\_\_

If injury to a child Child's name: \_\_\_\_\_ Child's age: \_\_\_\_\_ Parent's name: \_\_\_\_\_

### Customer's Description of Incident:

Date of incident: 2-26-01 Location of incident: checkouts

Time of incident: 1:00 pm What happened? In line - Stockman set up soda layout. pile fell over hit back leg (R).

Rosemary Stinard 253-2076

Do you wish to be contacted? ↑ Date reported: 2/26/01 Signature of Customer: Eva J. Davis

Write copy - for Customer

## WAYNE MEMORIAL HOSPITAL FINANCIAL SUMMARY FOR PATIENT VISIT

GUARANTOR NAME	INSURANCE PLAN	INS. POLICY/GROUP	ADMITTED	DISCHARGED	INVOICE DATE	
EVA DAVIS RD 1 BOX 1900 WAYMART ,PA 18472			02-28-01	02-28-01	03-06-01	
DR. NAME	PATIENT NAME	TYPE F/C	DOB	SEX	BILL TYPE	PATIENT NUMBER
MCANDREW, PATRICK	EVA DAVIS	O SP	07-10-27	F	INTERIM	5558408

Page 1 of 1

=====SUMMARY OF CHARGES=====

RADIOLOGY 456.50  
 -----  
 Ancillary Charges Total: 456.50  
 -----  
 TOTAL ACCOUNT BALANCE DUE 456.50  
 -----

DUE: INS. 1    INS. 2    INS. 3    INS. 4    PATIENT  
 -----  
           0.00    0.00    0.00    0.00    456.50

DETAILED LISTING OF CHARGES, ADJUSTMENTS, AND PAYMENTS

DATE	CHG NO.	SERVICES RENDERED	QTY	CHARGE/CRDT
02-28-01	0003096	SPINE LUMBAR COMPLETE	1	219.50
02-28-01	0003138	TIBIA/FIBULA X-RAY	1	118.50
02-28-01	0003138	TIBIA/FIBULA X-RAY	1	118.50
Total Balance:				456.50

=  
 We are pleased to provide you with this initial itemization of your charges. Please pay the balance indicated within 30 days of this invoice.  
 =

=  
 If you have insurance, Wayne Memorial Hospital will prepare and submit insurance claims for you as a courtesy. Please furnish your insurance information to us.  
 =

=  
 In submitting insurance claims for you, we assume no financial responsibility whatsoever. It remains your responsibility to see that your bill is paid in full.  
 =

=  
 If you have any questions about your bill, please call our Billing Department at 570-251-6679 between 8:00AM and 4:30PM Thank You.  
 =

←----- REMOVE DOCUMENT ALONG THIS PERFORATION -----→

Please Enclose this stub with your payment    **WAYNE MEMORIAL HOSPITAL**    570-251-6679  
 Mail To:    **601 PARK STREET**  
                   **HONESDALE, PA 18431**

GUARANTOR NAME	INSURANCE PLAN	INS. POLICY/GROUP	ADMITTED	DISCHARGED	INVOICE DATE	
EVA DAVIS RD 1 BOX 1900 WAYMART ,PA 18472			02-28-01	02-28-01	03-06-01	
DR. NAME	PATIENT NAME	TYPE F/C	DOB	SEX	BILL TYPE	PATIENT NUMBER
MCANDREW, PATRICK	EVA DAVIS	O SP	07-10-27	F	INTERIM	5558408

**TOTAL BALANCE DUE: 456.50**

**PAYMENT AMOUNT ENCLOSED:**

<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
VISA	MASTER CARD	CREDIT CARD NUMBER	EXPIRATION DATE

\_\_\_\_\_  
 SIGNATURE (IF PAYING BY CREDIT CARD)

For all billing questions, call: (888) 609-8112  
 Tax ID: 22-3176482  
 Page : 1

STATEMENT DATE      PAY THIS AMOUNT      ACCOUNT NO.

04/24/01      \$ 131.00      5558408

SHOW AMOUNT PAID HERE \$

EVA DAVIS  
 RR 1 BOX 1900  
 WAYMART PA 18472-9801

ADVANCED IMAGING AND RADIOLOGY ASSOCS, PA  
 P.O. BOX 5075  
 CHERRY HILL, NJ 08034

BILL TO: DAVIS      EVA

SERVICES RENDERED: WAYNE MEMORIAL HOSP OP

Please check box if above address is incorrect or insurance information has changed (and indicate changes) on reverse side

**STATEMENT**

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

Date	Place of Service	Procedure / Diagnosis	Description	Charges	Credit	Balance				
02/28/01	7	73590 DX:959.7	Patient: EVA DAVIS X-RAY EXAM, LOWER LEG, AP & LATE	40.00		40.00				
02/28/01	7	DX:726.73		0.00		40.00				
02/28/01	7	72100 DX:959.1	Patient: EVA DAVIS X-RAY LOWER SPINE, AP & LATERAL	51.00		91.00				
02/28/01	7	DX:722.52		0.00		91.00				
02/28/01	7	73590 DX:959.7	Patient: EVA DAVIS X-RAY EXAM, LOWER LEG, AP & LATE	40.00		131.00				
				<b>CURRENT</b>	<b>OVER 30 DAYS</b>	<b>OVER 60 DAYS</b>	<b>OVER 90 DAYS</b>	<b>TOTAL</b>	<b>INS PENDING</b>	<b>Amount Due From Patient</b> <b>\$ 131.00</b>
				\$ 0.00	\$ 131.00	\$ 0.00	\$ 0.00	\$ 131.00	\$ 0.00	

YOUR PROMPT PAYMENT IS APPRECIATED PLEASE USE THE ENCLOSED PRE-ADDRESSED ENVELOPE FOR YOUR PAYMENT

ADVANCED IMAGING AND RADIOLOGY ASSOC:  
 P.O. BOX 5075  
 CHERRY HILL, NJ 08034  
 Account No.: 5558408  
 For billing questions call: (888) 609-8112

**STATEMENT**

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

**PATRICK J. McANDREW, D.O.**  
**GENERAL PRACTICE**

Posted

080666

Fed ID #23-22325  
 Provider #MC14745

111 MAIN STREET  
 VANDLING, PA 18421  
 (570) 785-3194

DATE	PHONE	CURRENT	31-60	61-90	91-120	120+	TODAY'S BILLING
		INS					PREVIOUS INSURANCE
		PAT					PREVIOUS PATIENT
GUARANTOR NAME		ADDRESS		CITY	STATE	ZIP	TODAY'S CHARGES
PATIENT NAME		ACCT CODE	ATT DR	REF DR	DOB	SEX	ADJUSTMENT
INS CO NAME		ID NUMBER	GROUP NUMBER	REL TO INS	TODAY'S PAYMENT		
							NEW BALANCE
							CASH <input type="checkbox"/> CHECK <input type="checkbox"/>
							CARD #

NEW	EST	OFFICE SERVICES	FEE	CODE	DIAGNOSTIC	FEE	CODE	INJECTIONS	FEE
99201	99211	Level 1		93000	EKG		J0800	ACTH 40 mg	
99202	99212	Level 2		93005	EKG (TC)		95115	Allergy Desensitization	
99203	99213	Level 3		93230	Holter Monitor		J1100	Decadron 4 mg	
99204	99214	Level 4		86580	PPD		J1040	Depo Medrol 80 mg	
99205	99215	Level 5		86585	Tine Test		J1460	Gamma Glob 1 cc	
99024		Follow Up - No Charge					J3301	Kenalog 10 mg	
					<b>IMMUNIZATIONS</b>				
				90718	DT (Adult)		J194C	Lasix 20 mg	
					<b>PREVENTIVE SERVICES</b>				
				90702	DT (Ped)		J1885	Toradol 60 mg	
99381	99391	Under 1 Year		90701	DPT		J3420	Vitamin B12 1 cc	
99382	99392	Age 1 to 4 Years		90700	DPT Acellular		J1080	Depo Testosterone 200 mg	
99383	99393	Age 5 to 11 Years		90658	Flu		<b>LABORATORY</b>		
99384	99394	Age 12 to 17 Years		90645	Hib titer		82962	Glucose Strip	
99385	99395	Age 18 to 39 Years		90746	Hepatitis B 1 ml		850180W	Hemoglobin	
					<b>EMERGENCY SERVICES</b>				
		Office ER Care		90744	Hepatitis B 0.25 ml		82270	Hemoccult Screen	
		Hospital ER Care		90389	Hypertel		81025	HOG (Urine Preg)	
				90713	IPV		G0107	Hemoccult (Medicare)	
					<b>HOUSE CALLS</b>				
				90712	OPV		<b>SURGERY</b>		
99341	99347	Problem Focused		90732	Pneumovax			Anthrocentesis	
99342	99348	Expand Problem Focused		90703	Tetanus Toxoid			Burn Treatment	
99343	99349	Detailed		90720	Tetramune			Debridement	
				90716	Vaccella			Electrodestruction	
					<b>PHYSICAL THERAPY</b>				
97260		OMT - 1 Area		<b>PROCEDURES</b>				Excision	
97012		Traction Table			Administration of Injection			I & D	
97128		Ultrasound			Casting			Removal Foreign Body	
97022		Whirlpool		A4204	Duoderm			Shaving Lesion	
				29580	Unna Boot			Suturing	

**ADDITIONAL PATIENTS:**

Ref	ICD-9	DIAGNOSIS	DxRef	ICD-9	DIAGNOSIS	DxRef	ICD-9	DIAGNOSIS	DxRef	ICD-9	DIAGNOSIS
	789 00	Abdominal Pain		715 90	Degenerative Jt Disease		401 0	Hypertension, Malignant		729 2	Radiculopathy
	995 3	Allergic Reaction		311	Depression		242 90	Hyperthyroidism		714 0	Rheumatoid Arthritis
	477 0	Allergy		692 9	Dermatitis		244 9	Hypothyroidism		724 3	Sciatica
	285 9	Anemia		250 01	Diabetes, Type I Ins Dep		380 4	Impacted Cerumen		780 39	Seizure Disorder
	281 0	Anemia, Pernicious		250 00	Diabetes, Type II Non-Ins		564 1	Irritable Bowel		706 2	Sebaceous Cyst
	413 9	Angina		250 90	Diabetes, Uncontrolled		701 1	Keratinosis		461 0	Sinusitis Acute - Maxill
	411 1	Angina, Unstable		562 11	Diverticulitis		464 0	Laryngitis, Acute		473 9	Sinusitis, Chronic
	300 00	Anxiety		562 10	Diverticulosis		724 2	Low Back Pain		701 9	Skin Tags
	716 90	Arthritis		786 09	Dyspnea, SOB		847 2	Lumbar Sprain		454 1	Stasis Ulcer leg
	429 2	ASCVD		788 1	Dysuria		289 3	Lymphadenitis		780 2	Syncope
	493 90	Asthmatic Bronchitis		782 3	Edema		715 90	Osteoarthritis		847 1	Thoracic Sprain
	427 31	Atrial Fibrillation		530 10	Esophagitis		733 00	Osteoporosis		524 60	TMJ
	427 89	Bradycardia		780 79	Fatigue		380 10	Otitis Externa		463	Tonsillitis
	466 0	Bronchitis, Acute		535 00	Gastritis		381 01	Otitis Media, Acute Serous		465 9	URI
	427 60	Cardiac Arrhythmia		008 8	Gastroenteritis, Viral		382 00	Otitis Media, Suppurative		599 0	Urinary Tract Infection
	354 0	Carpal Tunnel Syndrome		530 81	GERD		785 1	Palpitations		708 9	Urticaria
	847 0	Cervical Sprain		274 0	Gouty Arthritis		533 90	Peptic Ulcer Disease		459 81	Venous Insufficiency
	786 50	Chest Pain		599 7	Hematuria		443 9	Peripheral Vascular Disease		780 4	Vertigo
	575 0	Cholecystitis, Acute		455 6	Hemorrhoids		462	Pharyngitis, Acute		790 8	Viremia
	428 0	CHF		054 9	Herpes Simplex		451 0	Phlebitis, Superficial		078 10	Wart
	372 30	Conjunctivitis		053 9	Herpes Zoster		453 8	Phlebitis, Deep Vein		783 2	Weight Loss
	564 0	Constipation		553 3	Hiatal Hernia		V70 0	Physical, General Routine			
	496	COPD		272 0	Hypercholesterolemia		V70 3	Physical, School Driving			
	733 99	Costochondritis		272 4	Hyperlipidemia		486	Pneumonia			