

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

Your claim is scheduled as follows:

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

Case Number:

Class
UNSECURED NON PRIORITY

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.

Amount

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.

\$1,343.25

RAM DIVERSIFIED INC
ACCTS RECEIVABLE
PO BOX 8249
CORAL SPRINGS, FL 33075

11 2390863

If address differs from above, please complete the following:

Creditor Name:

Telephone: #

10572754

Address:

This Space is for Court Use Only

City/St/Zip:

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:

1-02

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$1343.25 + bounced checks - see enclosed

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.

This Space is for Court Use Only

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

Date

4/18/02

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):

MA Roberts, Pres. Ram Diversified

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 552 and 3570

6453 Sm 4-12-02

Ram Diversified, Inc.

Invoice No.

548

PO Box 8249
Coral Springs, FL 33075
954-753-9080 fax 954-346-0456

INVOICE

Customer

Name K-Mart
Address 4340 Okeechobee Blvd.
City West Palm Beach State FL ZIP 33409
Phone _____

1-18-02
Order No. _____
Rep _____
FOB _____

Qty	Description	Unit Price	TOTAL
	<i>monthly vegetation check clean & adjust heads Repairs: 12 inserts 2 - 4" pop/up 2 - 3" pop/up Materials Labor 3hr</i>		<i>nc 30.20 120.00</i>
SubTotal			<i>150.20</i>

Payment Details

Shipping & Handling _____
Taxes Florida _____
TOTAL 150.20

Office Use Only

We Appreciate Your Business

Ram Diversified, Inc.

PO Box 8249
Coral Springs, FL 33075
954-753-9080 fax 954-346-0456

Invoice No.

547

INVOICE

Customer

Name K-Mart
Address 4340 Okeechobee Blvd.
City West Palm Beach State FL ZIP 33409
Phone _____

Order No. _____
Rep _____
FOB _____

1-2.02

Qty	Description	Unit Price	TOTAL
	<i>January 2002 - landscape maintenance</i>		<i>900.00</i>
	<i>irrigation check</i>		<i>90.00</i>

Payment Details

SubTotal 990.00
Shipping & Handling _____
Taxes Florida _____
TOTAL 990.00

Office Use Only

We Appreciate Your Business

4107-2014



K M A R T C O R P O R A T I O N

74-478/724

CHECK NUMBER: 004004928

PAY : ONE HUNDRED AND 75/100 DOLLARS

TO THE ORDER OF
RAM DIVERSIFIED INC

PO BOX 8249
CORAL SPRINGS FL 33075

COMERICA BANK & TRUST, N.A
ANN ARBOR, MI

VOID AFTER 6 MONTHS

AUTHORIZED SIGNATURE (SIGNATURE LINE CONTAINS KMART LOGO)

CHECK DATE
12/03/2001

CHECK AMOUNT
*****100.75

THIS DOCUMENT IS PRINTED IN BLUE INK AND CONTAINS SECURITY FEATURES ON BOTH SIDES. DO NOT ACCEPT UNLESS THESE SECURITY FEATURES ARE PRESENT.

⑆004004928⑆ ⑆072404786⑆ 2178985339⑆

Big K Super K

K m a r t C o r p o r a t i o n

74-478/724

PAY : NINE HUNDRED NINETY AND 00/100 DOLLARS

063107513

CHECK NUMBER 003922946

TO THE ORDER OF

RAM DIVERSIFIED INC

PO BOX 8248
CORAL SPRINGS FL 33075

AMERICA BANK & TRUST, N.A.
ANN ARBOR, MI

CHECK DATE
10/16/2001

CHECK AMOUNT
*****990.00

PAYMENT STOPPED

DO NOT REDEPOSIT

VOID AFTER 6 MONTHS

AUTHORIZED SIGNATURE

SIGNATURE LINE CONTAINS KMART LOGO

[Handwritten Signature]

THIS DOCUMENT IS PRINTED IN BLUE INK AND CONTAINS SECURITY FEATURES ON BOTH SIDES. DO NOT ACCEPT UNLESS THESE SECURITY FEATURES ARE PRESENT.

⑈003972946⑈ ⑆072404786⑆ 2175985339⑈

⑈0000099000⑈



K m a r t C o r p o r a t i o n

74-478/724

PAY : ONE THOUSAND THIRTY-SIX AND 95/100 DOLLARS

063107513

CHECK NUMBER: 003996339

TO THE ORDER OF

RAM DIVERSIFIED INC

PO BOX 8249

CORAL SPRINGS FL 33075

CHECK DATE
11/20/2001

CHECK AMOUNT
*****1,036.95

COMERICA BANK & TRUST, N.A.
ANN ARBOR, MI

PAYMENT STOPPED
VOID AFTER 6 MONTHS
DO NOT REDEPOSIT

AUTHORIZED SIGNATURE (SIGNATURE LINE CONTAINS KMART LOGO)

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⑈003996339⑈ ⑆072404786⑆ 2176965339⑈

⑈0000103695⑈

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Depose
75260671887

THIS BORDER PRINTS DARK BLUE
DO NOT WRITE, STAMP OR MARK BELOW THIS LINE.

0720-0029-0
060160824 0720-0029-0
060160824 02-26-02
060160824 1634 1712 10 022602

COMERICA
PROCESSED*MI 0538
452506249 02-26-02
TRIPS 0001 44 03/01/02 46712

02 25 02

0631075134
FIRST UNION NATL SVC-036
ORLANDO FL 02260002

091000022 02260002 0078
S/T 131 1D 90 PNT 4
ACCT 00023101150100
000000000000000000



K m a r t C o r p o r a t i o n

74-478/724

CHECK NUMBER: 003962266

PAY : ONE THOUSAND FORTY-TWO AND 45/100 DOLLARS

TO THE ORDER OF

RAM DIVERSIFIED INC

PO BOX 8249

CORAL SPRINGS FL 33075

COMERICA BANK & TRUST, N.A
ANN ARBOR, MI

063107513

CHECK DATE
10/01/2001

CHECK AMOUNT
*****1,042.45

452506248 455 0536 PT 0225 02

PAYMENT STOPPED

VOID AFTER 30 DAYS REDEPOSIT

AUTHORIZED SIGNATURE

(SIGNATURE LINE CONTAINS MART LOGO)

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⑈0000104245⑈

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Deposit

215260671887

1204 69576

THIS BORDER PRINTS DARK BLUE

DO NOT WRITE, STAMP OR MARK BELOW THIS LINE.

0720-0029-0
060160823 0720-0029-0
060160823 02-26-02
060160823 1634 1712 10 022602

COMERICA
PROCESSED*MI 0538
452506248 02-26-02

TRIPS 8881 44 83/81/82 46711

0631075134
FIRST UNION NATL SVC-036
ORLANDO FL 322098

091000022 02282002 0978
S/T 131 10 98 PWT 4
ACCT 00023101156188

5043424540

Ram Diversified, Inc.
P.O. Box 8249
Coral Springs, FL 33075

April 8, 2002

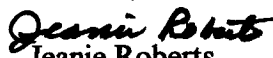
Everett McKinley Dirksen Courthouse
219 South Dearborn Street
Seventh Floor
Chicago, Illinois 60604

Dear Sir:

Please find enclosed Ram Diversified's completed proof of claim that was sent to our office.

Also, please find copies of 3 checks that were returned for insufficient funds and one that has not been deposited as yet since checks were not void until after 6 months. (As stated on check). Please arrange to have these checks re-issued as soon as possible.

Sincerely,


Jeanie Roberts
Corporate Manager
Ram Diversified, Inc.