FORM B10 (Official Form 10)

0135826

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)
KMART CORPORATION

Case Number:
02-02474

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):

08 2425912

MARTYS DISTRIBUTING CO INC
P O BOX 261
LOGAN, UT 84321

☐ 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

If address differs from above, please complete the following:
Creditor Name:
Address:
City/St/Zip:
Telephone: #
(435) 752-4045

10726428

This Space is for Court Use Only

Account or other number by which creditor identifies debtor: 200

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

2. Date debt was incurred: 05-30-01

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 117.00
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.

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

Date 04/09/02

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):
Martin C. Judd
President

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.

6455 SM 4-12-02

PO. 974232676

MARTY'S DISTRIBUTING CO. INC.
P. O. BOX 261
345 SOUTHWEST STREET
LOGAN,UT 84323-0261
PHONE: (435) 752-4045

DATE: 05/30/01 TIME: 9:04 ROUTE# 3 SALESMAN# 3 PAGE 1

CUSTOMER# 200 K-MART STORES
1750 N MAIN
INVOICE# 13812 NORTH LOGAN UT

PROD#	UPC	DESCRIPTION	QTY	PRICE	ALLOW	DEPOS	AMOUNT
[illegible]	7618316018	SN-DT CRANRAS 16OZ	2	13.00			26.00
[illegible]	7618316363	SN-KIWISTR 16 OZ	1	13.00			13.00
[illegible]	7618316364	SN-MANGOMAD 16 OZ	1	13.00			13.00
[illegible]	7618316369	SN-PKLEMON 16 OZ	1	13.00			13.00
[illegible]	7618316393	SN-DT ORG CARROT 160	1	13.00			13.00
[illegible]	7618316812	SN-DT WHTGRP 16 OZ	1	13.00			13.00
[illegible]	7618316818	SN-CRAN RASP 16 OZ	1	13.00			13.00
[illegible]	7618316819	SN-RASP PCH 16 OZ	1	13.00			13.00
		TOTAL SALES	9				117.00

THANK YOU

TOTAL SALES 117.00

BALANCE DUE +117.00

CHARGE

ORIGINAL

SIGNATURE/STORE STAMP

7423	PURCHASE ORDER NUMBER	
DEPT. NO.	CARRIER DUNS NO.	
GOODS RECVD. DATE	NET FRT. BILL COST	
COMPLETE PRO (FRT. BILL) NUMBER	PREPAID (P) COLLECT (C)	
NO. OF CARTONS SHORT / DAMAGED	7423	RECEIVED BY

9120

KD