

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.

\$2,344.99

11 2320491

ROTO ROOTER SERVICE LYNWOOD  
20508 56TH AVE W STE C  
LYNWOOD, WA 98036

*- Tacoma office as well*

If address differs from above, please complete the following:

Creditor Name:

Telephone: # *(206) 433-5506 x115*

Address: *Roto Rooter  
10027 S. Tacoma Way #413*

City/St/Zip: *Tacoma, WA, 98499*

10564547  
This Space is for Court Use Only

Account or other number by which creditor identifies debtor:

Check here if  replaces  amends a previously filed claim, dated \_\_\_\_\_

*Attached invoices, invoice #15*

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: *January, 2001*

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: *\$ 1,852.94*

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**  
UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

APR 15 2002

Date: *4/11/2002*  
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):

*Scott Spencer G.M.*

KENNETH S. GARDNER, CLERK  
MAILROOM - LL

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.

A.B. 4-15-02 6482





SAVE THIS INVOICE FOR YOUR GUARANTEE  
 SEE BINDING TERMS ON REVERSE  
**Roto-Rooter Services Company**  
 20508 56th Avenue W., Suite C  
 Lynnwood WA 98036  
 For service call:  
 (425) 277-6700 (206) 575-0406  
 (360) 424-8600 (425) 778-6600  
 For billing inquiries call:  
 (206) 633-5506

DATE OF SERVICE: 12/31/01 LOCATION: LYNNWOOD  
 SERVICE TECHNICIAN'S NAME: CARY #0197  
 INVOICE NO.: 217 12016560

AMERICA'S NEIGHBORHOOD PLUMBER®

CUSTOMER NAME: K-MART CUSTOMER NO.:  
 BILLING ADDRESS: 13200 Aurora Aven APT. NUMBER:  
 CITY: Seattle STATE: WA ZIP: CUSTOMER PHONE NO.: FEDERAL I.D. # 42-0499300  
 P.O. NUMBER/AUTHORIZATION:  
 JOB ADDRESS (IF DIFFERENT THAN BILLING ADDRESS): CITY: STATE: ZIP:

SEWER & DRAIN  PLUMBING  PUMPING   
 INDUSTRIAL  EXCAVATION  DRAIN TILE   
 CUSTOMER CLASS:  RESIDENTIAL  COMMERCIAL

**ESTIMATE**  
 My estimate for performing this work is: \$ 119.50155 (add #)  
**WORK ORDER AUTHORIZATION**  
 I authorize Roto-Rooter to perform the described services and I agree to pay the amounts indicated. I understand that Roto-Rooter is not responsible for broken, settled, rusted, deteriorated, or lead pipes, fixtures, or clean outs and any damage resulting from cleaning or repairing such lines.  
 (PRINT NAME) (SIGNATURE) *K. R. Freeman*  
**COMPLETION** I acknowledge completion of the below described work which has been done to my complete satisfaction.  
 (SIGNATURE) *[Signature]*

| REPAIR CODE | DESCRIPTION OF WORK  |        |
|-------------|--|--------|
|             | 2 HR S<br>womens handi-cap 1 HR auger TLT plastic object in TLT<br>replace master Sloan valve kit for TLT            | 149.38 |
|             | mens handi-cap 1 HR auger TLT plastic wrap in TLT<br>replace master Sloan valve kit<br>replace sensor flush assembly | 149.37 |

LABOR \$ 298.75  
 OFF HOURS CHARGE \$  
 MISC. SUPPLIES \$ 12.95  
 TRIP CHARGE \$  
 PARTS \$ 554.67  
 PRODUCTS \$  
 OTHER \$  
 TAX \$ 76.24  
**INVOICE TOTAL \$ 942.61**

| RESIDENTIAL GUARANTEE  | COMMERCIAL GUARANTEE   | PAYMENT  |
|--|--|--|
| LABOR  | LABOR  |  |
| Main/Branch Lines <input type="checkbox"/> 6 months<br>Toilet Auger <input type="checkbox"/> 7 days<br>Plumbing Repair <input type="checkbox"/> 6 months<br>Plumbing Replacement <input type="checkbox"/> 1 year<br>Extended Guarantee <input type="checkbox"/> 1 year | Main/Branch Lines <input type="checkbox"/> 30 days<br>Toilet Auger <input type="checkbox"/> 24 hours<br>Plumbing Repair <input checked="" type="checkbox"/> 90 days<br>Plumbing Replacement <input type="checkbox"/> 90 days | <input type="checkbox"/> CASH<br><input type="checkbox"/> CHECK NO. _____<br><input type="checkbox"/> CREDIT CARD<br><input checked="" type="checkbox"/> NET 10 DAYS B/O<br>OVER 30 DAYS = LATE CHARGE OF 1 1/2% PER MONTH<br>* In the event check is returned, the COMPANY will charge the CUSTOMER A \$25.00 processing fee. |
| REASON FOR NO GUARANTEE  |  |  |

NEXT VISIT: TIME DISPATCHED: TIME ARRIVED: 8:52 TIME DONE:  
 IRR: LOCATION: LYNNWOOD 10217 INVOICE DATE: 1/1  
 INVOICE NO.: 217

**SUGGESTIONS FOR REPAIR / REPLACEMENT**

| ITEM         | LOCATION | ESTIMATED COST | YOU SAVE TODAY |
|--------------|----------|----------------|----------------|
| WATER HEATER |          |                |                |
| DISPOSER     |          |                |                |
| SINK         |          |                |                |
| TOILET       |          |                |                |
| BATH TUB     |          |                |                |
| SHOWER       |          |                |                |
| FAUCET       |          |                |                |
| DRAIN        |          |                |                |
| OTHER        |          |                |                |
| OTHER        |          |                |                |

| FROM O/S OR TRUCK |        |          |      | PARTS USAGE           |            |            |
|-------------------|--------|----------|------|-----------------------|------------|------------|
| VENDOR            | PART # | QTY USED | T/OS | DESCRIPTION           | TOTAL COST | SELL PRICE |
| Advanced Plumbing | 5322   | 2        |      | sensor flush assembly |            | 484.03     |
|                   | 103    |          |      | Sloan Master Kit      |            | 70.64      |



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 For service call:  
 (425) 277-6700 (206) 575-0406  
 (360) 424-8600 (425) 778-6600  
 For billing inquiries call:  
 (206) 633-5506

DATE OF SERVICE: M 12 / D 03 / Y 01  
 LOCATION: LYNNWOOD  
 SERVICE TECHNICIAN'S NAME: Mike # 177  
 INVOICE NO.: 217 12011730

AMERICA'S NEIGHBORHOOD PLUMBER®

CUSTOMER NAME: K-Mart # 4981 CUSTOMER NO.: B/10-10995  
 BILLING ADDRESS: \_\_\_\_\_ APT. NUMBER: \_\_\_\_\_ FEDERAL I.D. #: 42-0499300  
 CITY: Bellevue STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CUSTOMER PHONE NO.: \_\_\_\_\_ P.O. NUMBER/AUTHORIZATION: \_\_\_\_\_  
 JOB ADDRESS (IF DIFFERENT THAN BILLING ADDRESS): 15015 MAIN STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**ESTIMATE**  
 My estimate for performing this work is: \$ \_\_\_\_\_  
**WORK ORDER AUTHORIZATION**  
 I authorize Roto-Rooter to perform the described services and I agree to pay the amounts indicated. I understand that Roto-Rooter is not responsible for broken, settled, rusted, deteriorated, or lead pipes, fixtures, or clean outs and any damage resulting from cleaning or repairing such lines.  
 (PRINT NAME) \_\_\_\_\_ (SIGNATURE) \_\_\_\_\_  
**COMPLETION** I acknowledge completion of the below described work which has been done to my complete satisfaction.  
 (SIGNATURE) X Shute Shute

| REPAIR CODE | DESCRIPTION OF WORK   |
|-------------|---|
|             | <u>Replaced 30 feet 1" copper in jayaway area, main hot-water feed line next to return line</u>   |
|             | <u>* Guarantee covers only section replaced - lots of corrosion in different areas of system!</u> |

|  |   |   |                                |
|--|---|---|--------------------------------|
| <b>RESIDENTIAL GUARANTEE</b>                         | <b>COMMERCIAL GUARANTEE</b>                                 | <b>PAYMENT</b>  | LABOR \$ <u>478</u>            |
| LABOR  | LABOR   | <input type="checkbox"/> CASH   | OFF HOURS CHARGE \$ _____      |
| Main/Branch Lines <input type="checkbox"/> 6 months  | Main/Branch Lines <input type="checkbox"/> 30 days          | <input type="checkbox"/> CHECK NO. _____ *  | MISC. SUPPLIES \$ <u>12.95</u> |
| Toilet Auger <input type="checkbox"/> 7 days         | Toilet Auger <input type="checkbox"/> 24 hours              | <input type="checkbox"/> CREDIT CARD  | TRIP CHARGE \$ _____           |
| Plumbing Repair <input type="checkbox"/> 6 months    | Plumbing Repair <input checked="" type="checkbox"/> 90 days | <input checked="" type="checkbox"/> NET 10 DAYS   | PARTS \$ <u>66.26</u>          |
| Plumbing Replacement <input type="checkbox"/> 1 year | Plumbing Replacement <input type="checkbox"/> 90 days       | <b>OVER 30 DAYS = LATE CHARGE OF 1 1/2% PER MONTH</b>   | PRODUCTS \$ _____              |
| Extended Guarantee <input type="checkbox"/> 1 year   |   | <b>* In the event check is returned, the COMPANY will charge the CUSTOMER A \$25.00 processing fee.</b> | OTHER \$ _____                 |
| REASON FOR NO GUARANTEE _____                        |   |   | TAX \$ <u>49.03</u>            |
|  |   |   | INVOICE TOTAL \$ <u>606.24</u> |

NEXT VISIT: \_\_\_\_\_ TIME DISPATCHED: \_\_\_\_\_ TIME ARRIVED: 7:30 TIME DONE: 10:00  
 IRR: \_\_\_\_\_ LOCATION: **LYNNWOOD** 10217 INVOICE DATE: / / INVOICE NO.: **217**

| ITEM         | LOCATION | ESTIMATED COST | YOU SAVE TODAY |
|--------------|----------|----------------|----------------|
| WATER HEATER |          |                |                |
| DISPOSER     |          |                |                |
| SINK         |          |                |                |
| TOILET       |          |                |                |
| BATH TUB     |          |                |                |
| SHOWER       |          |                |                |
| FAUCET       |          |                |                |
| DRAIN        |          |                |                |
| OTHER        |          |                |                |
| OTHER        |          |                |                |

| FROM O/S OR TRUCK |             |          |          | PARTS USAGE         |              |            |
|-------------------|-------------|----------|----------|---------------------|--------------|------------|
| VENDOR            | PART #      | QTY USED | T/OS     | DESCRIPTION         | TOTAL COST   | SELL PRICE |
| <u>Pacific</u>    | <u>30ft</u> | <u>4</u> | <u>✓</u> | <u>1" copper</u>    | <u>25.98</u> |            |
|                   |             |          |          | <u>1" couplings</u> | <u>2.15</u>  |            |

TOTALS: 257.3  
 217-35644

