4013755

FORM B10 (Official Form 10)

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:

Your claim is scheduled as follows:

Class

UNSECURED NON PRIORITY

Amount

$295.00

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):

11 2335928

CLEANING ONE
PO BOX 4391
WINCHESTER, VA 22604

☐ 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.

10560688

This Space is for Court Use Only

If address differs from above, please complete the following:
Creditor Name:

Address:

City/St/Zip:

Telephone: # (540)662-1012

Account or other number by which creditor identifies debtor:

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:
12-17-01

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 295.00
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. $ 295.00 + 25.00 RETURN CHECK FEE

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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SM 6705

RECEIVED
TRUMBULL SERVICES
CORP.

2002 APR 12 AM 11:38
4-12-02
BANKRUPTCY

Date	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):
4-9-02	Michelle Wilkins - Michelle Wilkins - Sec/Treas

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.

Cleaning One

"The One to Call on the Spot"

P. O. Box 4391
Winchester VA 22604
(540) 662-1012
Federal ID: 54-2046128

INVOICE

#: 1084

SALES ORDER #:
1084

SOLD TO:
Karen _
Kmart Resturant
465 South Street
Front Royal, VA 22630
(540) 636-6181

SHIPPED TO:
Karen _
Kmart Resturant
465 South Street
Front Royal, VA 22630
(540) 636-6181

INVOICE DATE	YOUR ORDER #	PAYMENT TERMS	SALESMAN	ORDER SOURCE	SHIPPED VIA
12/17/2001		Upon Receipt	shelly	Yellow Pages	Cleaning Van

Qty Ord	Qty Sh	Item #	Description	Disc	Tax	Price	Amount
1000	1000	Commercial Carpet	Commercial Carpet Cleaning - Dining Area	0.0%	☐	$0.18	$175.00
☑							
1000	1000	Scotchgard	Scotchgard - Dining Area	0.0%	☐	$0.12	$120.00
☑							
1	1		Returned Check Fee	0.0%	☐	$25.00	$25.00
☐							

Comments:

SUBTOTAL:	$320.00
FREIGHT:	$0.00
4.50% TAX:	$0.00
OTHER TAX:	$0.00
OTHER:	$0.00
TOTAL	$320.00
AMOUNT DUE	$320.00

PAYMENTS: LATE

DEP TO ACCT	DATE PAID	CHECK/CARD NUM	EXP DATE	AMT PAID	AMT RECVD	AUTHORIZATION
Undeposited Funds	1/23/2002	ck 004035530		$295.00	$295.00	
Checking - First Bank	2/5/2002	returned check		($295.00)	($295.00)	
			Total:	$0.00		

Customer Copy Please Include Invoice Number on Check