

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:

K-MART of PENNSYLVANIA LP

02-02464

Class

UNSECURED NON PRIORITY

Amount

CONTINGENT, DISPUTED, UNLIQUIDATED

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

11 2368484

CIARROCCI, LISA
2423 S CAMAC
PHILADELPHIA, PA 19148

10077014

If address differs from above, please complete the following:

Creditor Name _____ telephone # _____

Address _____

City/St/Zip _____

This Space is for Court Use Only

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:

12-5-00

3. If court judgment, date obtained:

N/A

4. Total Amount of Claim at Time Case Filed:

\$ 45,000

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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7151
4-18-02 DB
TRU
BANKRUPTCY

Date
4-16-02

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)

Lisa Ciarrocchi

FRANCIS JOSEPH MASCIOCCHI, P.C.

A PROFESSIONAL CORPORATION

ATTORNEY AT LAW



91 PARRY DRIVE MT. HOLLY, NEW JERSEY 08060 609-702-0202 FAX 609-702-0090
1723 S. 13TH ST. PHILADELPHIA, PENNSYLVANIA 19148 215-755-9020 FAX 215-755-8400

April 17, 2002

Kmart Corporation, et al.
C/O Trumbull Services, LLC
PO BOX 426
Windsor, CT 06095

RE: Kmart Corporation, et al
Case No.: 02-02464 (Chapter 11)
My Client: Lisa Ciarrocchi
File No.: 20001211912
D/A: 12-5-00

Dear Sir/Madam:

Enclosed please find a proof of claim which I am submitting on behalf of my client, Lisa Ciarrocchi.

Very truly yours,


FRANCIS J. MASCIOCCHI, ESQUIRE

CC: Lisa Ciarrocchi