FORM B10 (Official Form 10) 0128222

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

NOT SCHEDULED

Amount

NOT SCHEDULED

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 2414031

SIGNSPLUS
ACCTS RECEIVABLE
767 HEARST WAY
CORONA, CA 92882

☐ 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

If address differs from above, please complete the following:

Creditor Name

Telephone #

Address

City St Zip

10718817

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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 TEMPORARY LABOR SUPPORT

☐ 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: 1-5-02

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 4800.00

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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MAS FOLDER # 7734

4/19/02

Date 4-6-02

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 Patrick Turner

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

Invoice

SignsPlus

767 Hearst Way
Corona, California 92882

Bus 909-279-4037 Fax 909-279-279-5298

Bill To:

Kmart
3100 W. Big Beaver Rd
Troy MI 48084

Ship To:

Store # 3251
Store # 4203
Store # 4438
Store # 3659

Req. By	Sales Rep.	Date	Invoice #	Terms
John Leonard	Martin	01-05-02	1146	Net 7

Qty	Description	Total
	Layout Schematic Store #'s 3251, 4203, 4438, 3659	
1	Specialist - Week Ending 12-23-01	1,920.00

Notes

Temporary labor

Subtotal	1,920 00
Tax	
Freight	
Misc	
Bal Due	1,920 00

Invoice

SignsPlus

767 Hearst Way
Corona, California 92882

Bus 909-279-4037 Fax 909-279-279-5298

Bill To:	Ship To:
Kmart 3100 W. Big Beaver Rd Troy MI 48084	Store # 3251 Store # 4203 Store # 4438 Store # 3659

Req. By	Sales Rep.	Date	Invoice #	Terms
John Leonard	Martin	01-05-02	1147	Net 7

Qty	Description	Total
	Layout Schematic Store #'s 3251, 4203, 4438, 3659	
1	Specialist - Week Ending 12-30-01	960.00

Notes

Temporary Labor

Subtotal	960 00
Tax	
Freight	
Misc	
Bal Due	960 00

Invoice

SignsPlus

767 Hearst Way
Corona, California 92882

Bus 909-279-4037 Fax 909-279-279-5298

Bill To:	Ship To:
Kmart 3100 W. Big Beaver Rd Troy MI 48084	Store # 3251 Store # 4203 Store # 4438 Store # 3659

Req. By	Sales Rep.	Date	Invoice #	Terms
John Leonard	Martin	01-05-02	1148	Net 7

Qty	Description	Total
	Layout Schematic Store #'s 3251, 4203, 4438, 3659	
1	Specialist - Week Ending 01-06-02	1,920.00

Notes

Temporary Labor

Subtotal	1,920 00
Tax	
Freight	
Misc	
Bal Due	1,920 00