FORM B10 (Official Form 10) 402 1304

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 $ 4000.00

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 2319915

HOUSEHOLD INC
ACCOUNTS RECEIVABLE
21-25 INDUSTRIAL PARK
WALDRICK NJ 07463

- ☐ 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
Address
City St Zip
Telephone #

10564672

This Space is for Court Use Only

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: 11/02/01

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ _____
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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RECEIVED
TRUMBULL SERVICES COMPANY
APR 19 2002
BANKRUPTCY
4/19/02
7928 CK.

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)
4/8/02	Anthony Vicklet Controller

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.

Kmart Corporation DUNS NO. 0000-896-5873

CHEM INC BANK NO: 12 CHECK DATE: 12/14/2001
NUMBER: 00-028-4455) CHECK NUMBER: 004013179
CHECK AMOUNT: 19,141.81

PLEASE RENDER STATEMENT EACH MONTH SHOWING ALL PAST DUE INVOICES AND CREDITS. STORE AND INVOICE NUMBER MUST BE SHOWN
* OPPOSITE EACH CHARGE. ADDRESS ALL CORRESPONDENCE CONCERNING REMITTANCES TO A/P AUDIT DEPARTMENT.

STORE NO.	DOCUMENT NUMBER	P.O. NUMBER / FICHE NO(*)	DOC. DATE	ENTRY CODE	DOCUMENT AMOUNT	DISCOUNT AMOUNT	DISCOUNT % CODE	DEPT NO.
8363	VCUP13066549891		11/02/01	19	2,000.00CR	.00		530
8363	VCUP13066549893		11/02/01	19	2,000.00CR	.00		530
8500	MA013050Z001838		10/31/01	4	1,270.83CR	.00	T	29
8500	MA013330D001864		11/28/01	4	511.78CR	.00	T	29
8500	MA200000D001864A		11/28/01	4	632.42CR	.00	T	29
8500	MA20010D001864A		11/28/01	4	100.57CR	.00	T	29
8649	KMAN9800001342B		1/11/01	29	25,557.21	.00		530

DOCUMENT TOTAL	DISCOUNT TOTAL	1099 WTAX TOTAL	NET AMOUNT
19,141.81	.00	.00	19,141.81

DISCOUNT CODE: A. ANTICIPATION C. CASH F. FREIGHT T. TRADE

Super K Kmart Corporation 011000138 74-478/724

CHECK NUMBER 004031916

AY : THREE THOUSAND TWENTY-FOUR AND 72/100 DOLLARS

1 OF 1

TO THE ORDER OF
HOUSECHEM INC
21-25 INDUSTRIAL PARK
WALDRICK NJ 07463

PAYMENT STOPPED 01/17/2002 DO NOT REDEPOSIT

CHECK AMOUNT
******3,024.72

0001501

ICE DATE
-25-2002

COMERICA BANK & TRUST, N.A
ANN ARBOR, MI

VOID AFTER 6 MONTHS

AUTHORIZED SIGNATURE (SIGNATURE LINE CONTAINS KMART LOGO)

THIS DOCUMENT IS PRINTED IN BLUE INK AND CONTAINS SECURITY FEATURES ON BOTH SIDES DO NOT ACCEPT UNLESS THESE SECURITY FEATURES ARE PRESENT

⑈004031916⑈ ⑆072404786⑆ 2176965339⑈ ⑈0000302472⑈

ED ITEMS

THE FOLLOWING IS A LIST OF CHECK(S) DEPOSITED BY YOU THAT HAVE BEEN RETURNED UNPAID TO THIS BANK FOR THE REASON(S) STATED BELOW. THIS LIST ALSO INDICATES THE DISPOSITION OF THAT ITEM AND AMOUNT BEING CHARGED TO YOUR ACCOUNT.

AMOUNT OF CHECK	RET. RED.	MAKER ACCT NO.	RETURN REASON	ORIGINAL DEPOSIT DATE	FILM SEQUENCE NUMBER	DATE BANK WAS CHARGED	LOCATION ID
3024.72	RET	2176965339	REF CK	01-17-2002	09031719	01-25-2002	

L-2-00-000 1002

This payment ref'd repayment of previous deduction of $2,000 ea - They took another ded-bring repayment check to $3024.72 of which payment was stopped

$ 3024.72

	ITEMS		
DEPOSITED ITEM(S) RETURNED	(1)	$	3024.72
FEES WERE ANALYZED	(1)		
LESS ITEMS REDEPOSITED	(0)	$-	.00