

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		PROOF OF CLAIM Chapter 11
In Re Kmart Corporation, et al.		Your claim is scheduled as follows
Case Numbers 02-02462 through 02-02499		Class
Name of Debtor (see attached for complete list of debtors) K MART CORPORATION, et al. 02-02474		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) H & H FOODS COMPANY ACCOUNTS RECEIVABLE P O BOX 358 MERCEDRES, TX 78570 11 2310512		\$530.95
<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> 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:		10566944
Creditor Name	Telephone #	This Space is for Court Use Only
Address	956/565-4250	
City/ST/Zip		
Account or other number by which creditor identifies debtor 312.712-999	Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other	<input type="checkbox"/> Retroc benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred: 01/09/02 + 01/16/02	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 530.95 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below <input type="checkbox"/> 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 addition if charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____	6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> 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) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4) <input type="checkbox"/> 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) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> 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		This Space is for Court Use Only
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.		
Date 4/08/02	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). Victoria Solis, Credit Manager	MAS FOLDER # 7957 4/19/02

4/08/02 08:52:53

H & H FOODS

VSOLIS

4/08/02

Cust. # : 312712 999

Name ---: SUPER K MART

VENDOR # 417048

Address : 3100 WEST BIG BEAVER

TROY

MI

Post/Zip: 48084

E-Mail -:

Date estab.: 101294

Alpha word : SUPERKMART

Language --: E Ext

Phone 1 ---: 248 4631180

Phone 2 ---: 956 9692999

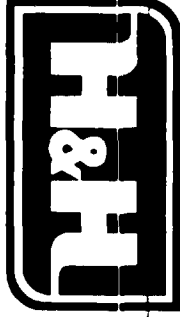
Phone 3 Fax: 248 6431000

?-Window selections| ?or. in 1st pos. One at a time.

Customer type -?: 01 RETAIL STORES Default Ware# : _____
Sales rep. # --?: 20 ISIDRO SALDANA Store Code : _____
Territory code ? : TX01 VALLEY (BROWNSVILLE TO ROMA)
Payment terms -?: 1 NET/7 Ageing code (1-8)? : 3 NET/7
Credit rating -?: 2 GOOD Credit limit code?: 5 \$100,000
Credit hold (H) : H
Late charges ---: Percentage code (1-9): 1 Period # code (0,1-4): 1
Fax A/R statement-----: - (Y) Label mailing ----: _____
Cust.group ageing code -----: _____ Statement(Y/N/Z) -: Z
Statement group (blank,T,S) -: T Spec. stmt msg. -: _____
Stmt delivery code (blank,H) : _____
Check Digit Number-----: 3

Use Help key for Function Key information

Customer is active



H&H Foods
 P.O. BOX 358
 MERCEDES, TEXAS 78570
 (956) 565-6363

An Equal Opportunity Employer

IMPORTANT
Consignee

If at time of arrival a discrepancy exists, call (956) 565-6363 prior to releasing truck

S O L T O

SUPPER MARI
 VENDOR # 417743
 3100 WEST 150 BEAVER
 TRIN

S H I P T O

SUPPER MARI
 1 1901 W. EXP. 83
 MESQUO

48082

RR#	STOP	DATE	INVOICE
3146	010	1/09/02	404499
CUST NO.	CUST. P.O. NO.	CUST PHONE NO.	
3146		248 643-1180	
SALESMAN		TERMS	
20	ISIBRD SALDANA	CLERK	NET/7
	77392		WHSE-001

DELIVERY INSTRUCTIONS

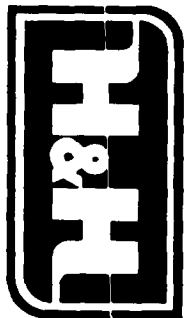
ITEM NO.	UNITS ORDERED	UNITS SHIPPED	PACK/SIZE	DESCRIPTION	AVG PER UNIT	POUNDS	PRICE	EXTENSION	
6405	10	10	24/2oz	RANCHERITA PORK CHORIZO CUPS	LB	36.00	1.2251	44.10	
7802	10	10	16/12 oz	H&H H&H CHORIZO-100%-PURE PR.	LB	120.00	2.0500	246.00	
7802	5	5	12/16 oz	H&H H&H CHORIZO 100%-PURE PR.	LB	60.00	2.0500	123.00	
		17						216.00	
GRAND TOTAL									\$413.10

TERMS On the LAST SATURDAY OF EVERY MONTH invoices which are 15 DAYS or older are considered PAST DUE and will be assessed a LATE CHARGED at the periodic rate of 1% per month, which is an ANNUAL

RECEIVED
 (Signature)

GRAND TOTAL

\$413.10



An Equal Opportunity Employer

H&H Foods

P.O. BOX 358
MERCEDDES, TEXAS 78570
(956) 565-6363

IMPORTANT
INVOICE
Consignee

If at time of arrival a discrepancy exists, call (956) 565-6363 prior to releasing truck

SUPPL K MARK
VENDOR # 417042
3100 WEST FIG BEAVER
TEXAS
M1

S H I P
T O

1 1901 W. EXP. 83
WESLACO
TX

48084

DATE	1/16/02	INVOICE	404993
STRT	090	CUST. P.O. NO.	
3140		CUST. PHONE NO.	248 643-1180
CUST. NO.	31212 999	TERMS	NET/7
SALESMAN			
20 TORO SALDANA		NET/7	
77908		CLERK	
		MISC 001	

DELIVERY INSTRUCTIONS

ITEM NO.	UNITS ORDERED	UNITS SHIPPED	PACK / SIZE	DESCRIPTION	AVG. PER UNIT	POUNDS	PRICE	EXTENSION
25004	2	2	60 lbs avg	H&H B/IN SHORT PLATE 88.20 82.60	LB	170.80	.6900	117.85

TERMS On the LAST SATURDAY OF EVERY MONTH invoices which are 15 DAYS or older are considered PAST DUE and will be assessed a LATE CHARGED at the periodic rate of 1% per month which is an ANNUAL PERCENTAGE RATE of 12%. River araise in new shipment fees & cost if local merchandise are included in above

RECEIVED AND VERIFIED

GRAND TOTAL

\$117.85