FORM B10 (Official Form 10) 40222 0

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)
Kmart Corporation

Case Number:
02-02474

Your claim is scheduled as follows

Class
UNSECURED NON PRIORITY

Amount
$188 16

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 2301408

HASSE PLUMBING
ACCOUNTS RECEIVABLE
BOX 826
DEVILS LAKE, ND 58301

☐ 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

10568698

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:

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 810.17
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

This Space is for Court Use Only

MAS FOLDER # 7964
4/19/02

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)
Curt HASSE, President

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

DATE	ITEM	FOL	✓	DEBIT	CREDIT	BALANCE
7-19-01	103224 - repair urinal & toilet in [illegible] L.C.			160 47		160 47
7-26-01	103229 - RCA				60 —	100 47
8-3-01	103408 Clean Grease Trap + Repair [illegible]			113 97		214 44
					100 47	113 97
9-10-01	103[illegible]				113 97	—
10-1-01	104172 - Clean Grease trap L.C.			120 —		120 —
11-1-01	104[illegible] RCA				120 —	—
11-6-01	104[illegible] + drain L.C.			132 78		132 78
11-23-01	104818 Clean Mens Urinal L.C			[illegible]		212 78
12/10/01	105125 - RCA				32 78	180 —
12/24/01	105334 - RCA				80 —	100 —
1/8/02	105516 - Clean Toilets Repair urinal			188 16		288 16
3/18-02	106427 - Clean grease Traps + Toilets			160 —		448 16
3/22-02	106471 - Repair faucet by Freezeway			162 01		610 17
4/3-02	106649 - Clean Sewer + grease trap			200 —		810 17

MEMO	TERMS	MIT	ACCOUNT NO	SHEET NO

NAME	ADDRESS

HASSE PLUMBING & WATER WORKS

P. O. BOX 826 — 308 4th ST.
PHONE 662-2983
DEVILS LAKE, NORTH DAKOTA 58301

Customer's Order No. _____ Date 1-8-02

Name K Mart

Address

SOLD BY	CASH	C O D	CHARGE	ON ACCT	MDSE. RETD.	PAID OUT	
			✓				

QUAN	DESCRIPTION	PRICE	AMOUNT
	Clean toilets, Clean and repair urinal		
1	jet flapper		12.00
2	flush kits		52.00
			64.00
	tax		4.16
			68.16
	labor		120.00
			188.16
	total		
	✓ P. 64.		
	1 - 120.00		

All claims and returned goods MUST be accompanied by this bill.

TAX

105516 Received By

TOTAL

GS-58 RESLOCK PRINTING SERVICE DEVILS LAKE, ND 58301 D 118

HASSE PLUMBING & WATER WORKS

P. O. BOX 826 — 308 4th ST.
PHONE 662-2983
DEVILS LAKE, NORTH DAKOTA 58301

Customer's Order No. _____ Date 3-18-07

Name K. Mart

Address D. Fok

SOLD BY	CASH	C O D	CHARGE	ON ACCT	MDSE RETD	PAID OUT	
			✓				

QUAN	DESCRIPTION	PRICE	AMOUNT
	Clean Grease Trap in Fully Cassard and Clean Toilets		
	Total		$160.00
	160.00		

All claims and returned goods MUST be accompanied by this bill.

TAX

TOTAL

106427 Received By

GS-58 RESLOCK PRINTING SERVICE DEVILS LAKE, ND 58301 D-116

HASSE PLUMBING & WATER WORKS

P. O. BOX 826 — 308 4th ST.
PHONE 662-2983
DEVILS LAKE, NORTH DAKOTA 58301

Customer's Order No. _____ Date 3-22-02

Name K Mart

Address D. Lake

SOLD BY	CASH	C.O.D	CHARGE	ON ACCT	MDSE RETD	PAID OUT	
			✓				

QUAN	DESCRIPTION	PRICE	AMOUNT
	repair faucet in		
	Laundry		
1	Valve Kit		12.00
2	wrist blade handles		6.00
			17.00
	tax		3.01
			20.01
	labor	80.00	
	total		100.01
	P.M.		
	P.D.		

All claims and returned goods MUST be accompanied by this bill

TAX

106471 Received By

TOTAL

QS-58 REBLOCK PRINTING SERVICE DEVILS LAKE, ND 58301 D 118

T

HASSE PLUMBING & WATER WORKS

P. O. BOX 826 — 308 4th. ST.
PHONE 662-2983
DEVILS LAKE, NORTH DAKOTA 58301

Customer's Order No. _____ Date 4-3-02

Name R. Mart

Address

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT	MDSE. RETD	PAID OUT
			✓			

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	Main sewer and house trap		
	total		200.00
		TAX	
		TOTAL	

Received by