

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:

Class  
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)  
  
TAKE DOCTORS INC  
ACCOUNTS RECEIVABLE  
150 STATE RD 419  
WINTER SPRINGS, FL 32708  
  
11 2414500

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.

\$859.00

If address differs from above, please complete the following:  
Creditor Name Telephone #  
Address  
City, St./Zip

10576820  
This Space is for Court Use Only

Account or other number by which creditor identifies debtor  
565586 (910), 703223 (9272), 702524 (9112), (932)

Check here if  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:  
11/2001, 12/2001 & 1/2002

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 859.00  
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.

This Space is for Court Use Only  
8059 SM

Date  
4/17/02

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)  
Blair Stewart, AIR Administrator

4/19/02



150 State Rd. 419 • Winter Springs, FL 32708  
 (407) 327-1080

**INVOICE**

|                 |          |
|-----------------|----------|
| INVOICE NUMBER  | 313510-A |
| CUSTOMER NUMBER | 565586   |
| INVOICE DATE    | 01/01/02 |

**B  
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BEE RIDGE SQUARE/K-MART #3464  
  
 ATTN PHIL RAINS, STORE MGR  
 8191 SOUTH TAMIAMI TRAIL  
 SARASOTA, FL 34231

**COPY**

| DATE                  | SHIP VIA         | F.O.B.     | TERMS       |                                   |             |        |
|-----------------------|------------------|------------|-------------|-----------------------------------|-------------|--------|
| 01/01/02              |                  |            | NET 10 DAYS |                                   |             |        |
| PURCHASE ORDER NUMBER |                  | ORDER DATE | SALESMAN    | OUR ORDER NUMBER                  |             |        |
|                       |                  |            | KPL         |                                   |             |        |
| REQUIRED              | QUANTITY SHIPPED | B.O.       | ITEM NUMBER | DESCRIPTION                       | UNIT AMOUNT | AMOUNT |
| 1                     | 1                | 0          | 1           | MONTHLY WATER MANAGEMENT SERVICES | 103 00      | 103.00 |

THIS INVOICE IS FOR JANUARY 2002 WATER MANAGEMENT SERVICES

VISIT OUR WEB SITE AT [www.lakedoctors.com](http://www.lakedoctors.com)

|                      |        |
|----------------------|--------|
| NON TAXABLE SUBTOTAL | 103 00 |
| TAXABLE SUBTOTAL     | 0 00   |
| TAX                  | 0 00   |
| TOTAL INVOICE        | 103 00 |

PLEASE DETACH AND RETURN  
 THIS PORTION WITH PAYMENT

| BILL TO   |
|---|
| BEE RIDGE SQUARE/K-MART #3464<br><br>ATTN PHIL RAINS, STORE MGR<br>8191 SOUTH TAMIAMI TRAIL<br>SARASOTA, FL 34231 |

| AMOUNT ENCLOSED |
|-----------------|
|                 |

|                 |          |
|-----------------|----------|
| INVOICE NUMBER  | 313510-A |
| CUSTOMER NUMBER | 565586   |
| INVOICE DATE    | 01/01/02 |

REMIT TO



150 State Rd. 419 • Winter Springs, FL 32708  
 (407) 327-1080

| CHANGE OF ADDRESS |       |     |
|-------------------|-------|-----|
| ACCOUNT NAME      |       |     |
| CITY              |       |     |
| NEW ADDRESS       |       |     |
| CITY              | STATE | ZIP |
| CONTACT           |       |     |
| PHONE             |       |     |



150 State Rd. 419 • Winter Springs, FL 32708  
(407) 327-1080

**INVOICE**

|                 |          |
|-----------------|----------|
| INVOICE NUMBER  | 311296-A |
| CUSTOMER NUMBER | 702323   |
| INVOICE DATE    | 12/01/01 |

**B  
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VILLAGE AT TIMBER PINES/K-MART 7574

ATTN: CLAY BADONSKY  
2468 COMMERCIAL WAY  
SPRING HILL, FL 34606

**COPY**

| DATE                  |                  | SHIP VIA |             | F.O.B.                            |  | TERMS            |        |
|-----------------------|------------------|----------|-------------|-----------------------------------|--|------------------|--------|
| 12/01/01              |                  |          |             |                                   |  | NET 10 DAYS      |        |
| PURCHASE ORDER NUMBER |                  |          | ORDER DATE  | SALESMAN                          |  | OUR ORDER NUMBER |        |
|                       |                  |          |             | MAB                               |  |                  |        |
| REQUIRED              | QUANTITY SHIPPED | B.O.     | ITEM NUMBER | DESCRIPTION                       |  | UNIT AMOUNT      | AMOUNT |
| 1                     | 1                | 0        | 1           | MONTHLY WATER MANAGEMENT SERVICES |  | 136 00           | 136 00 |

THIS INVOICE IS FOR DECEMBER 2001 WATER MANAGEMENT SERVICES

VISIT OUR WEB SITE AT [www.lakedoctors.com](http://www.lakedoctors.com)

|                      |               |
|----------------------|---------------|
| NON TAXABLE SUBTOTAL | 136 00        |
| TAXABLE SUBTOTAL     | 0 00          |
| TAX                  | 0.00          |
| <b>TOTAL INVOICE</b> | <b>136 00</b> |

PLEASE DETACH AND RETURN  
THIS PORTION WITH PAYMENT

| BILL TO   |
|---|
| VILLAGE AT TIMBER PINES/K-MART 7574                                 |
| ATTN: CLAY BADONSKY<br>2468 COMMERCIAL WAY<br>SPRING HILL, FL 34606 |

| AMOUNT ENCLOSED |
|-----------------|
|                 |

|                 |          |
|-----------------|----------|
| INVOICE NUMBER  | 311296-A |
| CUSTOMER NUMBER | 702323   |
| INVOICE DATE    | 12/01/01 |



150 State Rd. 419 • Winter Springs, FL 32708  
(407) 327-1080

REMIT TO

| CHANGE OF ADDRESS |           |
|-------------------|-----------|
| ACCOUNT NAME      |           |
| CO                |           |
| NEW ADDRESS       |           |
| CITY              | STATE ZIP |
| CONTACT           |           |
| PHONE             |           |



150 State Rd. 419 • Winter Springs, FL 32708  
(407) 327-1080

**INVOICE**

|                 |          |
|-----------------|----------|
| INVOICE NUMBER  | 313906-A |
| CUSTOMER NUMBER | 702323   |
| INVOICE DATE    | 01/01/02 |

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VILLAGE AT TIMBER PINES/K-MART 7574

ATTN: CLAY BADONSKY  
2468 COMMERCIAL WAY  
SPRING HILL, FL 34606

**COPY**

| DATE                  |                  | SHIP VIA |             | F.O.B.                            |  | TERMS            |        |
|-----------------------|------------------|----------|-------------|-----------------------------------|--|------------------|--------|
| 01/01/02              |                  |          |             |                                   |  | NET 10 DAYS      |        |
| PURCHASE ORDER NUMBER |                  |          | ORDER DATE  | SALESMAN                          |  | OUR ORDER NUMBER |        |
|                       |                  |          |             | MAB                               |  |                  |        |
| REQUIRED              | QUANTITY SHIPPED | B.O.     | ITEM NUMBER | DESCRIPTION                       |  | UNIT AMOUNT      | AMOUNT |
| 1                     | 1                | 0        | 1           | MONTHLY WATER MANAGEMENT SERVICES |  | 136 00           | 136 00 |

THIS INVOICE IS FOR JANUARY 2002 WATER MANAGEMENT SERVICES

VISIT OUR WEB SITE AT [www.lakedoctors.com](http://www.lakedoctors.com)

|                      |               |
|----------------------|---------------|
| NON TAXABLE SUBTOTAL | 136 00        |
| TAXABLE SUBTOTAL     | 0 00          |
| TAX                  | 0 00          |
| <b>TOTAL INVOICE</b> | <b>136 00</b> |

PLEASE DETACH AND RETURN  
THIS PORTION WITH PAYMENT

| BILL TO:  |
|---|
| VILLAGE AT TIMBER PINES/K-MART 7574                                 |
| ATTN: CLAY BADONSKY<br>2468 COMMERCIAL WAY<br>SPRING HILL, FL 34606 |

| AMOUNT ENCLOSED |
|-----------------|
|                 |

|                 |          |
|-----------------|----------|
| INVOICE NUMBER  | 313906-A |
| CUSTOMER NUMBER | 702323   |
| INVOICE DATE    | 01/01/02 |

| CHANGE OF ADDRESS |           |
|-------------------|-----------|
| ACCOUNT NAME      |           |
| CO                |           |
| NEW ADDRESS       |           |
| CITY              | STATE ZIP |
| CONTACT           |           |
| PHONE             |           |

REMIT TO



150 State Rd. 419 • Winter Springs, FL 32708  
(407) 327-1080



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(407) 327-1080

**INVOICE**

|                 |          |
|-----------------|----------|
| INVOICE NUMBER  | 313942-A |
| CUSTOMER NUMBER | 702524   |
| INVOICE DATE    | 01/01/02 |

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NAPLES TOWNE CENTRE/K-MART #7573

ATTN: BOB KESHOCK  
12713 TAMIAMI TRAIL EAST  
NAPLES, FL 34113

**COPY**

| DATE                  |                  | SHIP VIA |             | F.O.B.                            |  | TERMS            |        |
|-----------------------|------------------|----------|-------------|-----------------------------------|--|------------------|--------|
| 01/01/02              |                  |          |             |                                   |  | NET 10 DAYS      |        |
| PURCHASE ORDER NUMBER |                  |          | ORDER DATE  | SALESMAN                          |  | OUR ORDER NUMBER |        |
|                       |                  |          |             | WRY                               |  |                  |        |
| REQUIRED              | QUANTITY SHIPPED | B.O.     | ITEM NUMBER | DESCRIPTION                       |  | UNIT AMOUNT      | AMOUNT |
| 1                     | 1                | 0        | 1           | MONTHLY WATER MANAGEMENT SERVICES |  | 112 00           | 112 00 |

THIS INVOICE IS FOR JANUARY 2002 WATER MANAGEMENT SERVICES

VISIT OUR WEB SITE AT [www.lakedoctors.com](http://www.lakedoctors.com)

|                      |               |
|----------------------|---------------|
| NON TAXABLE SUBTOTAL | 112 00        |
| TAXABLE SUBTOTAL     | 0 00          |
| TAX                  | 0 00          |
| <b>TOTAL INVOICE</b> | <b>112 00</b> |

PLEASE DETACH AND RETURN  
THIS PORTION WITH PAYMENT

|                                  |
|----------------------------------|
| <b>BILL TO:</b>                  |
| NAPLES TOWNE CENTRE/K-MART #7573 |
| ATTN: BOB KESHOCK                |
| 12713 TAMIAMI TRAIL EAST         |
| NAPLES, FL 34113                 |

|                 |
|-----------------|
| AMOUNT ENCLOSED |
|                 |

|                 |          |
|-----------------|----------|
| INVOICE NUMBER  | 313942-A |
| CUSTOMER NUMBER | 702524   |
| INVOICE DATE    | 01/01/02 |

REMIT TO



150 State Rd. 419 • Winter Springs, FL 32708  
(407) 327-1080

|                          |       |     |
|--------------------------|-------|-----|
| <b>CHANGE OF ADDRESS</b> |       |     |
| ACCOUNT NAME             |       |     |
| C/O                      |       |     |
| NEW ADDRESS              |       |     |
| CITY                     | STATE | ZIP |
| CONTACT                  |       |     |
| PHONE                    |       |     |



150 State Rd. 419 • Winter Springs, FL 32708  
 (407) 327-1080

**INVOICE**

|                 |          |
|-----------------|----------|
| INVOICE NUMBER  | 309754-A |
| CUSTOMER NUMBER | 705877   |
| INVOICE DATE    | 11/01/01 |

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ULMERTON POINTE PLAZA  
 C/O JUDY POLING  
 4501 66TH STREET  
 ST PETERSBURG, FL 33709

**COPY**

*+ Dec 2001*

| DATE                  |                  | SHIP VIA |             | F.O.B.                            |  | TERMS            |        |
|-----------------------|------------------|----------|-------------|-----------------------------------|--|------------------|--------|
| 11/01/01              |                  |          |             |                                   |  | NET 10 DAYS      |        |
| PURCHASE ORDER NUMBER |                  |          | ORDER DATE  | SALESMAN                          |  | OUR ORDER NUMBER |        |
|                       |                  |          |             | MAB                               |  |                  |        |
| REQUIRED              | QUANTITY SHIPPED | B.O.     | ITEM NUMBER | DESCRIPTION                       |  | UNIT AMOUNT      | AMOUNT |
| 1                     | 1                | 0        | 1           | MONTHLY WATER MANAGEMENT SERVICES |  | 93.00            | 93 00  |

THIS INVOICE IS FOR NOVEMBER 2001 WATER MANAGEMENT SERVICES

VISIT US ON THE WEB AT [www.lakedoctors.com](http://www.lakedoctors.com)

|                      |       |
|----------------------|-------|
| NON TAXABLE SUBTOTAL | 93 00 |
| TAXABLE SUBTOTAL     | 0 00  |
| TAX                  | 0 00  |
| TOTAL INVOICE        | 93 00 |

PLEASE DETACH AND RETURN  
 THIS PORTION WITH PAYMENT

| BILL TO:  |
|---|
| ULMERTON POINTE PLAZA<br>C/O JUDY POLING<br>4501 66TH STREET<br>ST PETERSBURG, FL 33709 |

| AMOUNT ENCLOSED |
|-----------------|
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|                 |          |
|-----------------|----------|
| INVOICE NUMBER  | 309754-A |
| CUSTOMER NUMBER | 705877   |
| INVOICE DATE    | 11/01/01 |

REMIT TO



150 State Rd. 419 • Winter Springs, FL 32708  
 (407) 327-1080

| CHANGE OF ADDRESS |       |     |  |
|-------------------|-------|-----|--|
| ACCOUNT NAME      |       |     |  |
| CITY              |       |     |  |
| NEW ADDRESS       |       |     |  |
| CITY              | STATE | ZIP |  |
| CONTACT           |       |     |  |
| PHONE             |       |     |  |



150 State Rd 419 • Winter Springs, FL 32708  
(407) 327 1080

**INVOICE**

|                 |            |
|-----------------|------------|
| INVOICE NUMBER  | 312475     |
| CUSTOMER NUMBER | 705877     |
| INVOICE DATE    | 12/01/2001 |

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**ULMERTON POINTE PLAZA  
C/O JUDY POLING  
4501 66TH STREET  
ST PETERSBURG, FL**

**COPY**

| DATE                  |                  | SHIP VIA |             | F.O.B.                  |  | TERMS            |        |
|-----------------------|------------------|----------|-------------|-------------------------|--|------------------|--------|
| 12/01/2001            |                  |          |             |                         |  | NET 10 DAYS      |        |
| PURCHASE ORDER NUMBER |                  |          | ORDER DATE  | SALESMAN                |  | OUR ORDER NUMBER |        |
|                       |                  |          |             | MAB                     |  |                  |        |
| REQUIRED              | QUANTITY SHIPPED | B.O.     | ITEM NUMBER | DESCRIPTION             |  | UNIT AMOUNT      | AMOUNT |
| 1                     | 1                | 0        | 1           | MONTHLY WATER MGMT SERV |  |                  | 93.00  |

This invoice is for DECEMBER 2001 Water Management Service.  
Please include the invoice stub with payment

|                      |              |
|----------------------|--------------|
| NON TAXABLE SUBTOTAL | 93.00        |
| TAXABLE SUBTOTAL     | 0.00         |
| TAX                  | 0.00         |
| <b>TOTAL INVOICE</b> | <b>93.00</b> |

PLEASE DETACH AND RETURN  
THIS PORTION WITH PAYMENT

|   |
|---|
| <b>BILL TO:</b>   |
| <b>ULMERTON POINTE PLAZA<br/>C/O JUDY POLING<br/>4501 66TH STREET<br/>ST PETERSBURG, FL</b> |

|                 |
|-----------------|
| AMOUNT ENCLOSED |
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|                 |            |
|-----------------|------------|
| INVOICE NUMBER  | 312475     |
| CUSTOMER NUMBER | 705877     |
| INVOICE DATE    | 12/01/2001 |



REMIT TO

|                   |       |     |
|-------------------|-------|-----|
| CHANGE OF ADDRESS |       |     |
| ACCOUNT NAME      |       |     |
| C/O               |       |     |
| NEW ADDRESS       |       |     |
| CITY              | STATE | ZIP |
| CONTACT           |       |     |
| PHONE             |       |     |



150 State Rd 419 • Winter Springs, FL 32708  
(407) 327-1080

**INVOICE**

|                 |          |
|-----------------|----------|
| INVOICE NUMBER  | 315068-A |
| CUSTOMER NUMBER | 705877   |
| INVOICE DATE    | 01/01/02 |

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ULMERTON POINTE PLAZA  
C/O JUDY POLING  
4501 66TH STREET  
ST PETERSBURG, FL 33709

**COPY**

| DATE                  | SHIP VIA         | F.O.B.     | TERMS       |                                   |             |        |
|-----------------------|------------------|------------|-------------|-----------------------------------|-------------|--------|
| 01/01/02              |                  |            | NET 10 DAYS |                                   |             |        |
| PURCHASE ORDER NUMBER |                  | ORDER DATE | SALESMAN    | OUR ORDER NUMBER                  |             |        |
|                       |                  |            | MAB         |                                   |             |        |
| REQUIRED              | QUANTITY SHIPPED | B.O.       | ITEM NUMBER | DESCRIPTION                       | UNIT AMOUNT | AMOUNT |
| 1                     | 1                | 0          | 1           | MONTHLY WATER MANAGEMENT SERVICES | 93 00       | 93 00  |

THIS INVOICE IS FOR JANUARY 2002 WATER MANAGEMENT SERVICES

VISIT OUR WEB SITE AT [www.lakedoctors.com](http://www.lakedoctors.com)

|                      |       |
|----------------------|-------|
| NON TAXABLE SUBTOTAL | 93 00 |
| TAXABLE SUBTOTAL     | 0 00  |
| TAX                  | 0 00  |
| TOTAL INVOICE        | 93 00 |

PLEASE DETACH AND RETURN  
THIS PORTION WITH PAYMENT

| BILL TO   |
|---|
| ULMERTON POINTE PLAZA<br>C/O JUDY POLING<br>4501 66TH STREET<br>ST PETERSBURG, FL 33709 |

| AMOUNT ENCLOSED |
|-----------------|
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|                 |          |
|-----------------|----------|
| INVOICE NUMBER  | 315068-A |
| CUSTOMER NUMBER | 705877   |
| INVOICE DATE    | 01/01/02 |

REMIT TO



150 State Rd 419 • Winter Springs, FL 32708  
(407) 327-1080

| CHANGE OF ADDRESS |           |
|-------------------|-----------|
| ACCOUNT NAME      |           |
| CEO               |           |
| NEW ADDRESS       |           |
| CITY              | STATE ZIP |
| CONTACT           |           |
| PHONE             |           |