FORM B10 (Official Form 10) 402703

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

$489 87

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 2415808

LECCE ELECTRIC INC
1843 LIBERTY DR
WILLIAMPORT, PA 17701

- ☐ 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 # 570-494-1750

10577096

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 11/21/01 (date) to 12/13/01 (date)

2. Date debt was incurred:

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 489.87 (489.87)
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 # 836

4/19/02

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)
4-17-02	Joseph M. Lecce V.P.

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

Lecce Electric, Inc.

Electrical Contractor

1843 LIBERTY DR.
WILLIAMSPORT, PA 17701
(570) 494-1750 *fax*-(570) 494-1754

TERMS NET 30 DAYS A PER MONTH SERVICE CHARGE OF 1 1/2% WILL BE ADDED TO ALL INVOICES PAST DUE. THIS REPRESENTS A SIMPLE INTEREST RATE OF 18% PER YEAR COLLECTION FEES AND OR ATTORNEY'S FEES WILL BE ADDED IF INVOICE HAS TO BE PLACED FOR COLLECTION

Invoice

Wayne Phlegar
Kmart
Loyal Plaza Shopping Center
Williamsport, PA 17701

Invoice#: 3548 - 1
Invoice Date: 12/13/2001
Due Date: 01/12/2002
Customer ID: 149

Job: service
Job#: 715

Work Ordered:
Replaced receptacle.

Item	Description	Qty	Price		Total
4114	20A/125V Spec Grade Sgl Rcpt (5-20R)	1.00	75.10	C	0.75
	Material Subtotal:				**0.75**
L144	Service Electrician	1.00	44.20	H	44.20
	Labor Subtotal:				**44.20**
	Total Due				**$44.95**

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Invoice

Wayne Phlegar
Kmart
Loyal Plaza Shopping Center
Williamsport, PA 17701

Invoice#: 3566
Invoice Date: 12/18/2001
Due Date: 01/17/2002
Customer ID: 149

Job: service
Job#: 715

Work Ordered:
12/13/01 - Em Call - troubleshoot and repair compactor. Found limit switch to be jammed.

Item	Description	Qty	Price		Total
L144	Service Electrician	1.00	44.20	H	44.20
		Labor Subtotal:			**44.20**
		Total Due			**$44.20**

Customer Copy

Lecce Electric, Inc.

Electrical Contractor

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WILLIAMSPORT, PA 17701
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Invoice

Wayne Phlegar
Kmart
Loyal Plaza Shopping Center
Williamsport, PA 17701

Invoice#: 3567
Invoice Date: 12/18/2001
Due Date: 01/17/2002
Customer ID: 149

Job: service
Job#: 715

Work Ordered:
12/3/01 - Troubleshoot and repair compactor. Replaced aux. Contacts

Item	Description	Qty	Price		Total
T100	AB 1495-F1 Aux Contact kit	2.00	43.03	E	86.06
		Material Subtotal:			**86.06**
L144	Service Electrician	2.00	44.20	H	88.40
		Labor Subtotal:			**88.40**
		Total Due			**$174.46**

Customer Copy

Lecce Electric, Inc.

Electrical Contractor

1843 LIBERTY DR.
WILLIAMSPORT, PA 17701
(570) 494-1750 *fax*-(570) 494-1754

TERMS. NET 30 DAYS A PER MONTH SERVICE CHARGE OF 1 1/2% WILL BE ADDED TO ALL INVOICES PAST DUE THIS REPRESENTS A SIMPLE INTEREST RATE OF 18% PER YEAR COLLECTION FEES AND OR ATTORNEY'S FEES WILL BE ADDED IF INVOICE HAS TO BE PLACED FOR COLLECTION.

Invoice

Wayne Phlegar
Kmart
Loyal Plaza Shopping Center
Williamsport, PA 17701

Invoice#: 3568
Invoice Date: 12/18/2001
Due Date: 01/17/2002
Customer ID: 149

Job: service
Job#: 715

Work Ordered:
EM Call - 11/21/01 & 11/24/01 - troubleshoot and repair compactor.

Item	Description	Qty	Price		Total
L145	Service Electrician Overtime	2.00	59.98	H	119.96
L144	Service Electrician	1.50	44 20	H	66 30
		Labor Subtotal:			**186.26**
M188	Emergency Afterhours Service Charge	1 00	40 00	E	40 00
		Misc Charges Subtotal:			**40.00**
		Total Due			**$226.26**

Customer Copy