FORM B10 (Official Form 10) 4043101

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 follo

Name of Debtor (see attached for complete list of debtors)
K MART of North Carolina LLC

Case Number:
02-02465

Class
UNSECURED NON PRIORI

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
$60 00

Name of Creditor (The person or other entity to whom the debtor owes money or property)

11 2408217

TURF TAMERS
PO BOX 1063
MOREHEAD CITY, NC 28557

☐ 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

105757 00

This Space is for Court Use Only

If address differs from above, please complete the following:
Creditor Name
Address 204 Green Dolphin St
City/St/Zip Morehead City, NC 28557

Telephone # 252-808 2071

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 # [redacted]
Unpaid compensation for services performed
from 12/1/01 (date) to 12/31/01 (date)

2 Date debt was incurred: 1/18/02

3. If court judgment, date obtained:

4 Total Amount of Claim at Time Case Filed: $ 60 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 fil of the bankruptcy petition or cessation of the debtor's business, whichever is earl 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 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

RECEIVED
TRUMBULL SERVICES COMPANY
APR 19 2002
BANKRUPTCY
4/19/02
8328 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)
4/12/02	Phillip D Moore

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

NOTICE

The preceding page is a copy of the creditor's original proof of claim which contains their social security number. This number has been blacked out for privacy reasons. Following is the creditor's original proof of claim showing the creditors social security number.

TRUMBULL SERVICES, LLC

FORM B10 (Official Form 10) 4043 01

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)
KMART of North Carolina LLC

Case Number:
02-02465

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
$60 00

Name of Creditor (The person or other entity to whom the debtor owes money or property)

11 2408217

TURF TAMERS
PO BOX 1063
MOREHEAD CITY, NC 28557

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10575750

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City St/Zip Morehead City, NC 28557

Telephone # 252-808 2071

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 # 258 90 7426
Unpaid compensation for services performed
from 12/1/01 (date) to 12/31/01 (date)

2. Date debt was incurred: 1/18/02

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 60 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)
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TRUMBULL SERVICES COMPANY
APR 1 2002
BANKRUPTCY
4/19/02
8328 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)
4/12/02	Phillip D Moore

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

Turf Tamers

Invoice

P.O. Box 1063
Morehead City, NC 28557

DATE	INVOICE #
1/2/2002	662

BILL TO

K-Mart
4841 Arendell St
Morehead City, NC 28557

DUE DATE

1/18/2002

ITEM	QTY	DESCRIPTION	AMOUNT
Maintenance		Regular monthly lawn service provided on 17 December	60.00

Total $60.00