FORM B10 (Official Form 10) 4014787

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
$193 20

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 2281599

COORS OF CONTRA COSTA
ACCOUNTS RECEIVABLE
P O BOX 370
ANTIOCH, CA 94509

☐ 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 #

10571774

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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: 1-12-99 & 12-29-99

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 114.25
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

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RECEIVED
TRUMBULL SERVICES COMPANY
APR 19 2002
BANKRUPTCY
4/19 CO
8333 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	Lisa Vigil Accounting Supervisor

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

DIABLO BEVERAGE
2701 VERN ROBERT CIRCLE
ANTIOCH, CA 94509
(925) 706-4300

KMART #4762
EAST 18TH ST
ANITOCH, CA 94509

4758 1

4/12/02

DATE	INVOICE	DESCRIPTION	AMOUNT	BALANCE
1/12/99	764342	INVOICE	24.50	24.50
12/29/99	11737	INVOICE	89.75	114.25

CURRENT	OVER 30	OVER 60	OVER 90	BALANCE
0.00	0.00	0.00	114.25	114.25