FORM B10 (Official Form 10) 4045418

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

$309 76

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 2415317

WICHITA DOOR CONTROLS
PO BOX 413101
KANSAS CITY, MO 64141

☐ 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 #

10576985

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: DEC 12, 2001

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 309.76
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
8565

Date 4/15/02

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)
Laura L. Will / Sec Treas

4/14/02

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

WICHITA DOOR CONTROLS

A Division of Door Controls, Inc.
734 S. Washington St. Wichita, KS 67211
Ph: 9316) 267-6891 Fax (316) 267-0771
www.doorcontrolsinc.com

INVOICE

DATE	INVOICE #
12/12/01	3-13074

BILL TO

KMART East #4174
8600 E Kellogg
Wichita, KS 67207

SHIP TO / JOB LOCATION

Vendor ID #893016

DUN#033619677
FED ID #48-0838759

SERVICE / SHIPPING DATE	P O NUMBER	REFERENCE	TERMS
12/2/01		Jessie	NET 30 DAYS

QUANTITY	DESCRIPTION	PRICE EACH	AMOUNT
1	Norton 8305 Door Closer	130 00	130 00
1	Hour(s) Labor - Emergency Call Doors wouldn't close, straightened hinge and removed broken closer Will return Monday to install new closer	67 50	67 50
1	Hour(s) Labor - Installed new closer	45 00	45 00
2	Service Call	25 00	50 00
	Sales Tax	5.90%	17.26

REMIT TO:
PO Box 413101
Kansas City MO 64141-3101

WE HAVE EVERYTHING YOU NEED
FOR COMMERCIAL DOORS

Automatic Doors / Slide, Swing & Revolving, Handicap assist operators, Manual door closers, Panic devices, Metal doors and frames, Hinges, Locks, Door holders, Kick plates, Exit alarms, Latch protectors, Wrap arounds, Lever locksets and conversions, Grab bars, Weatherstrip, Door announcers, Door stops, Reliable Installation and Service You Can Trust

Total $309 76