

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION		PROOF OF CLAIM Chapter 11
In Re Kmart Corporation, et al.		Your claim is scheduled as follows:
Case Numbers 02-02462 through 02-02499		Class NOT SCHEDULED
Name of Debtor (see attached for complete list of debtors)		Amount NOT SCHEDULED
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) 08 2334493 ROTO ROOTER SERVICES COMPANY 707 REMINGTON ROAD UNIT 10 SCHAUMBURG, IL 60173		10667127 This Space is for Court Use Only
<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
If address differs Creditor Name ROTO ROOTER SERVICES COMPANY Telephone # 630-543-4340 Address 5672 Collections Center Drive Chicago, IL 60693 City/State/Zip _____		
Account or other number by which creditor identifies debtor _____ Check here if <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends		
1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
2. Date debt was incurred: _____		3. If court judgment, date obtained: _____
4. Total Amount of Claim at Time Case Filed: \$ <u>1233.80</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below <input type="checkbox"/> 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. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> 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) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4) <input type="checkbox"/> 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) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> 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.		This Space is for Court Use Only RECEIVED TRUMBULL SERVICES COMPANY APR 1 2002 4/19/02 BANKRUPTCY #8691 CF
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.		
Date <u>4/11/02</u>	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) <u>M. McCuen adm. asst.</u>	
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		

7723531 VAPSWP 000226
L-301AY Device
JSPW

MAFI6301
JPCVALCASH

Accounts Receivable 15-
Credit Card
Phone 773 227 1112
Contact: FLOYD MOAN
MAP
Grcan

Printed at 1:36:02 PM on 01/20/02

Account	Last Name	Date	U.S. Net	Balance	Days
7723531	KWANT	12/19/01	1,780.00	1,780.00	0
7723531	KWANT	12/26/01	1,627,457.00	1,627,457.00	0
7723531	KWANT	12/26/01	1,627,253.00	1,627,253.00	0
7723531	KWANT	12/26/01	1,265,113.00	1,265,113.00	0
7723531	KWANT	12/26/01	1,555,397.00	1,555,397.00	0
7723531	KWANT	12/26/01	1,243,414.00	1,243,414.00	0
7723531	KWANT	12/26/01	1,003,159.00	1,003,159.00	0
7723531	KWANT	12/26/01	992,848.00	992,848.00	0
7723531	KWANT	12/26/01	9,682.00	9,682.00	0
7723531	KWANT	12/26/01	10,320.00	10,320.00	0
7723531	KWANT	12/26/01	1,006,110.00	1,006,110.00	0

1233.80

Write off



SAVE THIS INVOICE FOR YOUR GUARANTEE
SEE BINDING TERMS ON REVERSE

Roto-Rooter Services Company
21168 Network Place
Chicago IL 60673-1211
Glenview/Northside City (847) 657-6209
Chicago North (847) 956-6680
Chicago South (708) 385-7190
Chicago West (630) 543-6166

DATE OF SERVICE 12/6/01	LOCATION GLENVIEW	
SERVICE TECHNICIAN'S NAME DAN 3648		
INVOICE NO 163 10273467		
SEWER & DRAIN <input type="checkbox"/>	PLUMBING <input type="checkbox"/>	PUMPING <input type="checkbox"/>
INDUSTRIAL <input type="checkbox"/>	EXCAVATION <input type="checkbox"/>	DRAIN TILE <input type="checkbox"/>
CUSTOMER CLASS <input type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL		
FEDERAL ID # 42-0499300		
PO NUMBER/AUTHORIZATION		
STATE		
ZIP		

AMERICA'S NEIGHBORHOOD PLUMBER®

ESTIMATED NAME: **K MART # 9355 FLOYD FREEMAN** CUSTOMER NO

ESTIMATE ADDRESS: **1740 KOSTNER CHICAGO IL 60639**

ESTIMATE ADDRESS (IF DIFFERENT THAN BILLING ADDRESS):

ESTIMATE
My estimate for performing this work is \$

WORK ORDER AUTHORIZATION
I authorize Roto-Rooter to perform the described services and I agree to pay the amount's indicated. I understand that Roto-Rooter is not responsible for broken, settled, rusted, deteriorated or lead pipes, fixtures, or clean outs and any damage resulting from cleaning or repairing such lines.

(PRINT NAME) **Carolyn Ellis** (SIGNATURE) *Carolyn Ellis*

COMPLETION I acknowledge completion of the below described work which has been done to my complete satisfaction.
(SIGNATURE) *[Signature]*

REPAIR CODE	DESCRIPTION OF WORK	PRICE
CLB 745	REPAIR HOT WATER VALVE RTR 3 1/2" UNIT IN REAR OF CASE	159.00
CLB 000	RTR SPRAYER	159.00
90 Day	REPLACE WASHERS IN HOT WATER STOP DRAIN TRIP	308.00
		- 20.00
		278.00
		53.00

BILL # **1670751**

RESIDENTIAL GUARANTEE LABOR		COMMERCIAL GUARANTEE LABOR	
Main/Branch Lines	6 months	Main/Branch Lines	30 days
Water Auger	7 days	Water Auger	24 hours
Plumbing Repair	6 months	Plumbing Repair	90 days
Plumbing Replacement	1 year	Plumbing Replacement	90 days
Extended Guarantee	<input type="checkbox"/> 1 year		

PAYMENT

CASH
 CHECK NO
 CREDIT CARD
 NET 10 DAYS

OVER 30 DAYS = LATE CHARGE OF 1 1/2% PER MONTH
* In the event check is returned, the COMPANY will charge the CUSTOMER A \$25.00 processing fee.

LABOR \$	278.00
OFF HOURS CHARGE \$	
MISC SUPPLIES \$	9.95
TRIP CHARGE \$	
Ⓢ Ⓣ = PARTS \$	144.90
PRODUCTS \$	
OTHER \$	59.00
TAX \$	
INVOICE TOTAL \$	485.85

W/1 TRAVEL TIME **7:57 AM** TIME ARRIVED **8:42 AM**

IRR LOCATION **GLENVIEW 10163**

TIME DONE **11:15 AM**

INVOICE DATE / /

INVOICE NO **163 10273467**

FROM O/S PURCHASE			
VENDOR NAME	DESCRIPTION & P.O. #	TOTAL COST	PRICED TO CUST.
TOTALS			

FROM TRUCK STOCK			
PART #	QTY	DESCRIPTION OF PART	PRICE TO CUST.
TOTALS			144.90

153.85