FORM B10 (Official Form 10) 4015632

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): Kmart Corporation

Case Number: 02-02474

Your claim is scheduled as follows:
Class: UNSECURED NON PRIORITY
Amount: $211 63

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 2288559

D & B GLASS CO
ACCOUNTS RECEIVABLE
2555 COORS NW
ALBUQUERQUE, NM 87120

☐ 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.

10570938

If address differs from above, please complete the following:
Creditor Name: Telephone #:
Address:
City St Zip:

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 (Labor)
☐ 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: 12/31/01

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 211.63
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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8941

Date: 4/8/02

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):
x [signature] Maysa Ruiz - President

4/19/02

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.

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D & B GLASS

2555 COORS BLVD. N.W.
ALBUQUERQUE, NM 87120

(505)836-2286

Fed# 85-0376366

INV. #		DATE	
CUST. #	A0077116	SALE TYPE	12/31/01
CUST. P.O.	KMARTM	SOLD BY	1,
FED. TAX #	CHARGE/JOYCE	INST'L BY	RM
	Carpenter		JR

KMART
9500 MONTGOMERY NE
ALBUQ, NM 87110

505-293-9200 Fax

YEAR		MAKE		POLICY #	
MODEL		BODY STYLE		AUTHOR-IZED BY	
LIC. #		VIN		CLAIM CODE	LOSS DATE
HOME PHONE		BUS. PHONE		DAMAGE/ CAUSE	

QT	PART	DESCRIPTION	BLOCK SIZE	LIST	PRICE	TOTAL
1	LAMCL	1/4 28-1/4 X 70-1/4 CLEAR LAMINATED			155.00	155.00

SPECIAL INST. INSTALL MONDAY 12/31 ASAP

TOTAL LABOR (TAXABLE)	45.00
SubTot	200.00
NEW -TX	11.63
NONT-TX	
	211.63
	211.63

All material sold on this invoice is guaranteed to be as specified, and is not safety glazed material unless so marked It is sold with the understanding that this material will not be glazed in a "hazardous location" as defined by the Consumer Product Safety Commission.
All merchandise returned for credit, refund or exchange must be in resaleable condition, authorized for return, accompanied by this receipt, and may be subject to restocking fee. No returns will be authorized for special orders or cut flat glass. Terms of payment are 10 days from invoice date. A service charge of 1.5 per month (18. annum) will be added to past due accounts.

RECEIVED BY

The glass listed has been replaced / repaired with like kind and quality to my entire satisfac ion, and I authorize my Insurance Company to pay the "Above named Repair / Glass Company" direct y for the glass and installation charges, or repairs.