

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

PROOF OF CLAIM
Chapter 11

Corporation, et al.

Case Numbers 02-02462 through
02-02499

Your claim is scheduled as follows:

Class
UNSECURED NON PRIORITY

Amount

\$44,906.00
\$52,550.00

10570202

This Space is for Court Use
Only

Name of Debtor: (see attached for complete list of debtors)

Case Number:

NOTE: This form should not be used to file 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 2293587

BENZELS BRETZEL BAKERY INC
5200 6TH AVE
ALTOONA, PA 16601

- 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:

Telephone: # 814-942-5062

Address:

City/St/Zip: ALTOONA PA 16602

Account or other number by which creditor identifies debtor:

Check here if replaces this claim 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:

12/28/01 — 1/15/02

3. If court judgment, date obtained:

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

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

9011

SM

RECEIVED
TRUMBULL SERVICE
COURT CLERK

4/14/02

U.S. BANKRUPTCY

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):

4/11/02

Ann M. Benzel, President

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

Ann M. Benzel



5200 SIXTH AVENUE • ALTOONA, PA 16602-1496
 PHONE 1-800-344-4438
 FAX 814-942-4133

DATE APRIL 9, 2002

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KMART CORPORATION
 ACCOUNTS PAYABLE/DIRECT STORE DEL
 3100 WEST BIG BEAVER
 TROY, MI 48084-3163

CUSTOMER NO.

TRANSACTION DATE	TRANSACTION	CUSTOMER P.O. NUMBER	INVOICE AMOUNT	CREDITS	BALANCE DUE
12-28-01	104952	7605	2750.00		2750.00
12-29-01	104952	7427	630.00		630.00
12-29-01	104953	7119	630.00		630.00
12-29-01	104954	4448	420.00		420.00
01-02-02	104985	3879	1080.00		1080.00
01-02-02	104986	3486	1260.00		1260.00
01-03-02	104982	4407	1080.00		1080.00
01-03-02	104983	9424	1080.00		1080.00
01-03-02	104984	7605	450.00		450.00
01-04-02	104955	4444	1170.00		1170.00
01-04-02	104990	3288	1190.00		1190.00
01-04-02	104991	3638	1190.00		1190.00
01-04-02	104992	7104	60.00		60.00
01-04-02	104993	7104	630.00		630.00
01-05-02	104979	3098	1080.00		1080.00
01-05-02	104980	9412	1080.00		1080.00
01-05-02	104981	3333	1080.00		1080.00
CURRENT		31-60 DAYS	61-90 DAYS	OVER 90 DAYS	TOTAL BALANCE DUE



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KMART CORPORATION

CUSTOMER NO.

TRANSACTION DATE	TRANSACTION	CUSTOMER P.O. NUMBER	INVOICE AMOUNT	CREDITS	BALANCE DUE
01-05-02	104988	3175	940.00		940.00
01-05-02	104989	3087	1190.00		1190.00
01-07-02	104975	7232	970.00		970.00
01-07-02	104976	7179	1020.00		1020.00
01-07-02	104977	9147	970.00		970.00
01-07-02	104987	3630	1100.00		1100.00
01-07-02	104996	3401	1080.00		1080.00
01-07-02	104997	4468	1020.00		1020.00
01-08-02	104551	3040	1020.00		1020.00
01-08-02	104555	7357	960.00		960.00
01-08-02	104556	9447	960.00		960.00
01-08-02	104557	7766	1020.00		1020.00
01-08-02	104598	3569	900.00		900.00
01-08-02	104599	4496	1100.00		1100.00
01-08-02	104972	3021	1060.00		1060.00
01-08-02	104994	7155	1020.00		1020.00
01-08-02	104998	7453	1030.00		1030.00
01-09-02	104558	3285	900.00		900.00
CURRENT	31-60 DAYS	61-90 DAYS	OVER 90 DAYS	TOTAL BALANCE DUE	



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CUSTOMER NO.

TRANSACTION DATE	TRANSACTION	CUSTOMER P.O. NUMBER	INVOICE AMOUNT	CREDITS	BALANCE DUE
					1190.00
01-09-02	104573	4418	1190.00		1190.00
01-09-02	104967	7269	930.00		930.00
01-09-02	104968	7238	930.00		930.00
01-09-02	104969	3433	930.00		930.00
01-09-02	104970	7535	930.00		930.00
01-09-02	104971	9255	930.00		930.00
01-10-02	104572	7790	1190.00		1190.00
01-10-02	104574	9410	1190.00		1190.00
01-10-02	104597	3093	1190.00		1190.00
01-11-02	104569	7283	1190.00		1190.00
01-11-02	104571	4878	1190.00		1190.00
01-11-02	104575	7048	900.00		900.00
01-11-02	104600	4867	1860.00		1860.00
01-15-02	104553	3138	960.00		960.00
01-15-02	104554	3988	960.00		960.00
01-15-02	104995	4812	960.00		960.00
02-01-02	164778	4861	1850.00		1850.00
02-02-02	104588	4409	1386.00		1386.00
CURRENT		31-60 DAYS	61-90 DAYS	OVER 90 DAYS	TOTAL BALANCE DUE



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CUSTOMER NO.

TRANSACTION DATE	TRANSACTION	CUSTOMER P.O. NUMBER	INVOICE AMOUNT	CREDITS	BALANCE DUE
02-02-02	104590	3129	1400.00		1400.00
02-02-02	104591	9597	560.00		560.00
02-02-02	104596	3691	1400.00		1400.00
CURRENT		31-60 DAYS	61-90 DAYS	OVER 90 DAYS	TOTAL BALANCE DUE
					59,146.00