FORM B10 (Official Form 10) 0034781

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: NOT SCHEDULED

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 2282167

A 1 LIGHTING SERVICE CO
KMF
1 SHIRLEY AVE
REVERE, MA 02151

- ☐ 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 # (781) 289-5040
Fax (781) 289-5041

10624859

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: 8/15/01, 9/19/01

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 2,355.37
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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MAS FOLDER # 9191
4/19/02

Date: 4/4/02

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)
Michael Cohen, 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 and 3571

LIGHTING SERVICE INC.
LIGHTING MAINTENANCE SPECIALISTS

TEL 289-5040 • 1 SHIRLEY AVENUE • REVERE, MA 02151
FAX 289 5041

F Mart KMARTSAU
Mr. Brian Brock
150 Main Street
Salem, MA 01906

Invoice #: 00000102
Invoice Date: 08/15/01
Payment Due: 09/14/01
Terms: 0.00/0 NET 30

INVOICE

RE: DUNS NO. 0000-896-5873

INSTALLATION OF POWER TO NEW CARD DISPLAYS

3 - F25T8SP41 LAMPS @ $18.64 EA
LABOR

SUBTOTAL
Sales TAX

TOTAL

LIGHTING SERVICE INC.
LIGHTING MAINTENANCE SPECIALISTS
TEL 289-5040 • 1 SHIRLEY AVENUE • REVERE, MA 02151
FAX 289-5041

K Mart KMARTSAU
180 Main Street
Saugus, MA 01906

Invoice #: 00009185
Invoice Date: 09/19/01
Payment Due: 10/19/01
Terms: 0.00/0 NET 30

INVOICE

SUPPLIED AND INSTALLED RECEPTICLES AND CIRCUITS FOR SODA REFRIGERATORS AT REGISTER #S 1, 3, 5, 7, 9	
LABOR:	890.00
MISCELLANEOUS MATERIALS NEEDED FOR POWER INSTALLATION	259.44
SUBTOTAL	1,149.44
Sales TAX	12.97
TOTAL	1,162.41

INVOICE

LIGHTING SERVICE INC.
LIGHTING MAINTENANCE SPECIALISTS
TEL 289-5040 • 1 SHIRLEY AVENUE • REVERE, MA 02151
FAX 289-5041

K Mart KMARTSAU
180 Main Street
Saugus, MA 01906

Invoice #: 00009772
Invoice Date: 09/19/01
Payment Due: 10/19/01
Terms: 0.00/0 NET 30

INVOICE

INSTALLATION OF ADDITIONAL CIRCUITS FOR SODA REFRIGERATORS

LABOR	850.00
MISCELLANEOUS MATERIALS NEEDED FOR INSTALLATION OF CIRCUITS	108.80
SUBTOTAL	958.80
Sales TAX	5.44
TOTAL	964.24