FORM B10 (Official Form 10)

4044078

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

In Re Kmart Corporation, et al.

Case Numbers 02-02462 through 02-02499

PROOF OF CLAIM
Chapter 11

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

Case Number:

Your claim is scheduled as follows:

Class

UNSECURED NON PRIORITY

Amount

$300.00

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):

VFS FIRE PROTECTION SERVICE
ACCOUNTS RECEIVABLE
1011 EAST LACY AVE
ANAHEIM, CA 92805

11 2323731

☐ 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: # 714-778-6070

10563048

This Space is for Court Use Only

Account or other number by which creditor identifies debtor: 2258 - 6627

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: 12-11-01

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 300.00
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

9283 SM
TRUMBULL SERVICES
2002 APR 19 P...
BANKRUPTCY

Date 04/10/02

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):

[signature] ELIZABETH ZIEBELL ORG. 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.

VFS Fire Protection Services
Lic. # 689284 C16, C10

INVOICE

Bill To:

K-Mart Western Regional Office
700 South Orange Avenue
West Covina, CA 91790-2651

Attention: Accounts Payable

Location: K-Mart #3440
8909 Washington Blvd.
Pico Rivera, CA

Invoice Number: 6627E/1713

Account Number: 2258

Date: December 11, 2001

P. O. No.: Steve

Job Number: 1713

Terms: Net 30 Days (Past due balances are subject to interest 1.5% monthly)
* For Visa/Master Card Payment call Elizabeth Ziebell at 714-778-6070

REMIT TO: VFS Fire Protection Services - 1011 East Lacy Avenue - Anaheim, CA 92805

All labor, material and related expenses to verify the fire sprinkler system was placed in service and the fire sprinkler head was installed properly by the Fire Department. December 6, 2001, Work Order Number 5562.

Labor - Four (4) hours at $75.00 per hour $300.00

TOTAL AMOUNT DUE $300.00

1011 East Lacy Avenue • Anaheim, CA 92805-5651
(714) 778-6070 • FAX (714) 778-6090
E-Mail - vfsfire@ix.netcom.com

VFS Fire Protection Services
1011 East Lacy Ave.
Anaheim, CA 92805
(714) 778-6070 FAX (714) 778-6090
License No. 689284 C16 C10

WORK ORDER 5562

SERVICE ☒ DATE: 12-6-01
JOB CHANGE ☐ FOREMAN: Jorge
PRICE: T&M

PROJECT: K-Mart (7440)
JOB NO: 1713
ADDRESS: 8909 Washington Blvd
CITY/ZIP: Pico Rivera

BILL TO: Same
ATTN:
ADDRESS:
CITY/ZIP:

3440 Kmart
8909 WASHINGTON BLVD.
PICO RIVERIA, CA 90660

COMMENTS: Service call to certify if system & Sprinkl head installed by Fire Dept. was of correct type & temperature. Found head to be of correct type & Temp. and system all (4) are all in service. Also installed head ~~sprinkl~~ guards on both heads in trash boiler room. (Sprinkler head was broken by box as it was being loaded into boiler) (System are all in service)

Name	Class	Hours Per Man: Straight Travel	Straight Job	Overtime Travel	Overtime Job	Total	Material: Unit	Material: Description
J Tyson	F	1	3			4		
TOTALS		1	3			4		

Rentals	Hours	Expenses/Misc.
Equipment		

BUYER'S VERIFICATION AND ACCEPTANCE

☐ **FIELD CHANGE ORDER** - Buyer's signature is for verification of labor and material listed above.
☐ **WORK ORDER - NOT COMPLETE** - buyer's signature is for verification of labor and material listed above. Buyer also verifies that system has been left ☐ in service ☐ out of service.
☒ **WORK ORDER - COMPLETE** - Buyer's signature is for verification of labor and material listed above. Buyer's also acknowledges that the work described in the "Work Order", as modified by any "Change Orders", has been completed satisfactorily, and that the system has been left in operable condition.

AUTHORIZED SIGNATURE: Steve Patterson
PRINT NAME: Steve Patterson PHONE 562-949-0931
TITLE Store Manager P.O.#

DISTRIBUTION: WHITE-TO OFFICE YELLOW-TO CUSTOMER PINK-RETAIN IN BOOK

VFS FIRE PROTECTION SERVICES
1011 EAST LACY AVENUE
ANAHEIM, CA 92805
(714) 778-6070 Fax (714) 778-6090

STATEMENT

CUSTOMER #: 2258

STATEMENT DATE: 04/11/02

BILL TO:

K-MART WESTERN REGIONAL
700 SOUTH ORANGE AVENUE
WEST COVINA, CA 91750-5621

DATE	DESCRIPTION	AMOUNT	BAL DUE	AGE	RETENTION	NET DUE
12/11/01	Inv# 6627E/1713 K-M	300.00	300.00	91		300.00
			300.00			300.00

PLEASE PAY THIS AMOUNT: 300.00

AGEING OF BALANCE DUE:	CURRENT	OVERDUE	30+	60+	90+
	0.00	0.00	0.00	0.00	300.00