FORM B10 (Official Form 10) 4032988

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 of North Carolina LLC

Case Number: 02-02465

Your claim is scheduled as follows

Class
UNSECURED NON PRIORITY

Amount
$931 16

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 3439844

OVERHEAD DOOR CO OF GREENSBORO
PO BOX 16824
GREENSBORO, NC 27416

☐ 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 #(336) 373-1481

10583304

This Space is for Court Use Only

Account or other number by which creditor identifies debtor
KMART DIST

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: 12-20-01

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

TRUM
APR
-19-02
BANK
9532

Date
4-15-02

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)
Christina R. Garnett, Christina R. Garnett, General Manager

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

Overhead Door Company of Greensboro
a division of Tri-Cities Door Corporation
P.O. Box 16824
Greensboro, NC 27416-0824
Telephone: 336/373-1481
Fax: 336/273-7428

INVOICE

Invoice No.	341918
Customer No.	KMARTDIST

Warehouse: MAIN

Bill To:	**Ship To:**
K MART DISTRIBUTION 300 PENRY RD GREENSBORO, NC 27405	K MART DISTRIBUTION 300 PENRY RD GREENSBORO, NC 27405
Telephone: 321-2111	**Telephone:** 321-2111

Ship Via	F.O.B.	Terms	Salesperson
OUR TRUCK		NET 10 DAYS	CHARLES SURRATT

Ship Date	Order Date	SO #	Ordered By	PO #	Resale #
12/31/01	12/31/01	66001	ROBIN		

Order Quantity	Shipped Quantity	Tax	Item Number / Item Description	Unit Price	Extended Price
5.0	5.0	Y	SLIDELOCK LOCK-3" SLIDE LOCK STANDARD	9.31	46.55
1.0	1.0	Y	HINGE1SVC COMMERCIAL #1 HINGE	7.00	7.00
4.5	4.5	N	LABORSVC COM SERVICE LABOR-ONE MAN/HR DOORS # 17, 9, 102, 104, 105, 113, 114, 117, 119, 124, 126, 127, 128 SERV DT 12/21/01 RV	70.00	315.00

Print Date	12/31/01
Print Time	11:56:59 AM
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Total Paid	0.00
Balance Due	372.03

Subtotal		368.55
Freight		0.00
6.50000 % **Sales Tax**	6.5%	3.48
Invoice Total		372.03

Prepared By GAYLE JACKSON

Amount due is based on 'Terms' above

Service Charge of 1 1/2 % per month on past due accounts

a distributor of Overhead Door Corporation products

Overhead Door Company of Greensboro
a division of Tri-Cities Door Corporation
P.O. Box 16824
Greensboro, NC 27416-0824
Telephone: 336/373-1481
Fax. 336/273-7428

INVOICE

Invoice No.	341724
Customer No.	KMARTDIST

Warehouse: MAIN

Bill To:	**Ship To:**
K MART DISTRIBUTION 300 PENRY RD GREENSBORO, NC 27405	K MART DISTRIBUTION 300 PENRY RD GREENSBORO, NC 27405
Telephone: 321-2111	**Telephone:** 321-2111

Ship Via	F.O.B.	Terms	Salesperson
OUR TRUCK	INDIVIDUAL	NET 10 DAYS	KEITH HOYT

Ship Date	Order Date	SO #	Ordered By	PO #	Resale #
12/21/01	12/14/01	65842	NED MOORE	KGB01772	

Order Quantity	Shipped Quantity	Tax	Item Number / Item Description	Unit Price	Extended Price
1.0	1.0	Y	QUOTESVC PRICE PER QUOTE 3 - TS163 CURTAIN ONLY	393.55	393.55
1.0	1.0	N	LABORSVC COM SERVICE LABOR-ONE MAN/HR TOTAL PER QUOTE INCLUDES NC STATE & COUNTY SALES TAXES DELIVERY 12/20/01 TW	140.00	140.00

Print Date	12/21/01
Print Time	03:30:38 PM
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Total Paid	0.00
Balance Due	559.13

Subtotal		533.55
Freight		0.00
6.50000 % **Sales Tax**	6.5%	25.58
Invoice Total		559.13

Prepared By GAYLE JACKSON

Amount due is based on 'Terms' above

Service Charge of 1 1/2 % per month on past due accounts

a distributor of Overhead Door Corporation products