

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**

Your claim is scheduled as follows:

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

Case Number:
02-02474

Class
UNSECURED NON PRIORITY

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A trustee for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Amount

Name of Creditor (The person or other entity to whom the debtor owes money or property):

11 2417166

HANDER INC PLUMBING & HEATING
2407 WEST 5TH STREET
SIOUX FALLS, SD 57104

- 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.

\$176.00

RECEIVED
APR 03 2002
Hander Inc

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

Telephone: #
(605) 339-9633

10577410

This Space is for Court Use Only

Account or other number by which creditor identifies debtor:
Account No. 01230

Check here if 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 _____ to _____
(date) (date)

2. Date debt was incurred:
12/11/01 and 01/05/02

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: **\$ 176.00**
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.

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9578 **JM**
TRUSTEE SERVICES
2002 APR 12 10:10 AM
4/19/02

Date
04/11/02

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):
Karen M. Coombs
Corp. Secretary

A HANDEK INC. PLUMBING & HEATING
2407 WEST 5TH. ST.
SIOUX FALLS, SD 57104
(605) 339-9633

STATEMENT DATE: 04/01/02
ACCOUNT NUMBER: 01230
PAGE: 1

K-MART STORES
3020 WEST 12TH STREET
SIOUX FALLS, SD 57104

TERMS: NET DUE NOW

| REFERENCE | DATE | CODE | DESCRIPTION | AMOUNT | BALANCE |
|-----------|----------|------|-------------|--------|---------|
| > 05677 | 12/19/01 | I | INVOICE | 74.59 | 74.59 |
| 05878 | 01/09/02 | I | INVOICE | 101.41 | 101.41 |

THANK YOU!!!

SPRING IS HERE!!!!

| 30 DAYS | 60 DAYS | 90 DAYS | 120 DAYS | BALANCE DUE |
|---------|---------|---------|----------|-------------|
| | | 176.00 | | 176.00 |

Invoice: 05677

Date: 12/19/2001

Customer: 01230 K-MART STORES

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SOLD TO: K-MART STORES
 3020 WEST 12TH STREET
 SIOUX FALLS, SD 57104

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SHIP DATE SHIPPED VIA F.O.B. TERMS SPERSON DATE P.O. NUMBER
 / / DUE ON RECEIPT 12/11/01

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| QUANTITY | DESCRIPTION | UNIT PRICE | AMOUNT |
|----------|-------------------------------------|------------|--------|
| | Re: Service Order 2388 | | |
| | At: 3020 WEST 12TH STREET | | |
| | Service Person: Brian L. Christmann | | |
| | REPAIR HOT SIDE OF WOMENS | | |
| | RESTROOM LAV FAUCET | | |
| 1 | MATERIAL | 13.1000T | 13.10 |
| 1.25 | HOURLABOR/BC | 48.0000T | 60.00 |

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| | | | |
|-----------|-------|------------------|-------|
| SUB-TOTAL | 73.10 | SHIPPING CHARGES | 0.00 |
| SALES TAX | 1.49 | TOTAL | 74.59 |

TRANSACTIONS AS OF 04/11/02

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INVOICE BALANCE \$ 74.59

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Invoice: 05878

Date: 01/09/2002

Customer: 01230 K-MART STORES

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SOLD TO: K-MART STORES
 3020 WEST 12TH STREET
 SIOUX FALLS, SD 57104

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SHIP DATE SHIPPED VIA F.O.B. TERMS SPERSON DATE P.O. NUMBER
 / / DUE ON RECEIPT 01/05/02

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| QUANTITY | DESCRIPTION | UNIT PRICE | AMOUNT |
|----------|-------------------------------------|------------|--------|
| | Re: Service Order 2923 | | |
| | At: 3020 WEST 12TH STREET | | |
| | Service Person: Jeffrey J. Eckholt | | |
| | *****AFTER HOUR CALL***REPAIR FLUSH | | |
| 1 | VALVE ON URINAL MENS PUBLIC RR | 27.3800T | 27.38 |
| 1 | MATERIAL | 72.0000T | 72.00 |
| | HOUR/LABOR/JE | | |

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| | | | |
|-----------|-------|------------------|--------|
| SUB-TOTAL | 99.38 | SHIPPING CHARGES | 0.00 |
| SALES TAX | 2.03 | TOTAL | 101.41 |

TRANSACTIONS AS OF 04/11/02

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INVOICE BALANCE \$ 101.41

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