

**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)

Case Number:

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 "request" 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):

Jan Ennemoser #18660A
c/o Bob M. Cohen & Associates
16000 Ventura Blvd., Suite 701
Encino, California 91436

- 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.

CONTINGENT, DISPUTED,
UNLIQUIDATED

If address differs from above, please complete the following:

Creditor Name: Jan Ennemoser

Telephone # (818) 986-3332

Address: 16000 Ventura Blvd., Suite 701
City/St/Zip: Encino, California 91436

This Space is for Court Use
Only

Account or other number by which creditor identifies debtor:
20011073565 Claim number

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 _____ to _____
(date) (date)

2. Date debt was incurred: October 01, 2001

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 175,000.00

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.

RECEIVED
TRUSTEE SERVICES
COMPANY
APR 22 2002
9631
BANKRUPTCY

Date 4/15/2002 **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):** BOB M. COHEN & ASSOCIATES
BOB M. COHEN Attorney for, JAN ENNEMOSER, Creditor



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(818) 986-3332

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3525 East Harmon Ave.
Las Vegas, Nevada
89121

(800) 999-4878

ALL REPLIES TO:
P.O. Box 18200
Encino, California
91416

FACSIMILE (818) 986-5879

April 16, 2002

CERTIFIED MAIL
7001 0320 0005 1405 3027

Kmart Corporation, et al.
c/o Trumbull Services Company
P.O. Box 426
Windsor, CT 06095

Re: Our Client: Jan Ennemoser
Date of Loss: October 01, 2001
Our File No.: 18660A
Claim No.: 20011073565

Dear Sir or Madam:

Enclosed please find a Proof of Claim form to be filed on behalf of the above named client. Please file and return a conformed copy to our office in the self-addressed stamped envelope, which we have provided for your convenience.

Thank you for your courtesy and cooperation.

Very truly yours,

BOB M. COHEN & ASSOCIATES



MICHAEL AZIZI

MA:mc
Enclosure