FORM B10 (Official Form 10) 4033827

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)	**Case Number:**

Your claim is scheduled as follows
Class
UNSECURED NON PRIORITY
Amount
$31,882 19

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 2323295

PEOPLES NATURAL GAS
ACCOUNTS RECEIVABLE
PO BOX 419703
KANSAS CITY, MO 64141

- ☐ 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: AQUILA, INC
Address: TPD/BANKRUPTCY P.O Box 11690
City/St/Zip: KANSAS City, MO 64138
Telephone #

10563259

This Space is for Court Use Only

Account or other number by which creditor identifies debtor: 18214946Z3

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 UTILITY BILL

- ☐ 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: 11/22/02

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 10441.36
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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10394 4/23/02 VBF

Date: 4/17/02

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)
Hal D. Benner
HAL D. BENNER
Claims Analyst

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.

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Write Off successfully completed
     WO                    SERVICE AGREEMENT WRITE OFF          02/11/02 06:29:04
*Name KMART CORP 3605_________________ * 625 W HWY 40/BLUE SPRGS,MO_____________
*ACCT 1821494623 * 2_ SU 03/31/1987 USA 1 BC 01           Ph (816) 229 2100 LS
 CR 9 111112111111 WO OLD SIO MLA 02/06/02
*Action            : _ (C,I,N,R,W) W-Write Off *CC: ____ +
*SERVICE AGREEMENT: 1821492273 , EC-LV, Active, MO720 Expired 01/22/02
*Write Off Code    : BK  BANKRUPTCY
 Write Off Notes   : FILED CHAPT 11 1/22/02  02-B02474_________________ +
 Report Comments   : ____________________________________________________ +
 Current Referral
     Agency        :
     Status        :                  Last Write Off  :       02/11/02
 Write Off Amount  : _____________    Write Off Total :       10441.36
 Written Off By    : HBENNER          Total Amount Due:
 Arrears           :                  Last Payments   :
      0 - 30       :                          01/10/02        7881.30
     31 - 60       :                          12/11/01        2963.71
     61 - 90       :                          10/10/01       14528.99
     91 +          :
     Total         :
*Tran: _______ Act: _ Key: ____________________________________________________
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12--
      help  quit  retrn main  WOA                SA    CAR                CC
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pc 2/1
fed 2/6
Comp 2/11