FORM B10 (Official Form 10) 4042369

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

$820 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)

11 2340874

TOTAL MAINTENANCE OF BAY COUNTY INC
2326 E 34TH PLACE
PANAMA CITY, FL 32405

- ☐ 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 # 850-785 8636

10559997

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Account or other number by which creditor identifies debtor

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: December 2001

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 820.00
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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RECEIVED
TRUMBULL SERVICES COMPANY
APR 23 2002
10423
BANKRUPTCY

Date	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)
4/10/02	Theresa D Ward Sec Treas

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

Total Maintenance of Bay County, Inc.
2326 E. 34th Place
Panama City, Florida 32405

Invoice

DATE	INVOICE NO
12/26/200	2703

BILL TO

K-Mart
225 South Tyndall Parkway
Panama City, FL 32404

TERMS	PROJECT
Due on receipt	

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Sweeping	Monthly contract for December 2001	1	350.00	350.00
Mowing	Monthly contract for December 2001	1	470.00	470.00
	Sales Tax		6.50%	0.00

Thank you for your business. 850-785-8636

Total $820.00