

EXHIBIT B

**United States Bankruptcy Court**

Northern District of Illinois, Eastern Division  
 Kmart Corporation, et al. Claims Processing  
 c/o Trumbull Services, LLC  
 P.O. Box 426  
 Windsor, CT 06095

**Administrative  
 Expense Claim  
 Request**

**Debtor against which claim is asserted:**  
 Kmart Corporation, et al. 02-02464 through 02-02499

**Case Name and Number**  
 In re Kmart Corporation, et al. 02-02464  
 through 02-02499  
 Chapter 11, Jointly Administered

**NOTE: This form should not be used to make a claim in connection with a request for payment for goods or services provided to the Debtors prior to the commencement of the case. This Administrative Expense Claim Request form is to be used solely in connection with a request for payment of an administrative expense arising after commencement of the case pursuant to 11 U.S.C. § 503.**

**Name of Creditor**  
 (The person or other entity to whom the debtor owes money or property)  
 TOY, Edward

- 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.

**Name and Address Where Notices Should be Sent**  
 11723 St. Andrew Pl.  
 LA CA 90047  
**Telephone No.**

**THIS SPACE IS FOR  
 COURT USE ONLY**

**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 (Describe briefly)

Retiree benefits as defined in 11 U.S.C. § 1114(a)  
 Wages, salaries, and compensation (Fill out below)  
 Your social security number \_\_\_\_\_  
 Unpaid compensation for services performed  
 from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

**2. DATE DEBT WAS INCURRED**

**3. IF COURT JUDGMENT, DATE OBTAINED:**

**4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ 25,000.00**

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

**5. Brief Description of Claim (attach any additional information):**

**6. CREDITS AND SETOFFS:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

**7. SUPPORTING DOCUMENTS:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Any attachment must be 8-1/2" by 11".

**8. DATE-STAMPED COPY:** To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

**Date**  
 JUN 30, 2003

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)

Toy, Edward

*[Signature]*

**THIS SPACE IS FOR  
 COURT USE ONLY**

**RECEIVED**

JUN 03 2003  
 7/3/03  
**TRUMBULL SERVICES COMPANY**  
 54914