FORM B10 (Official Form 10) (Rev. 4/98)

United States Bankruptcy Court
61288, Houston TX 77208

SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors

___**Stage Stores, Inc., a Delaware corporation**
X **Specialty Retailers, Inc., a Texas corporation**
___**Specialty Retailers, Inc. (NV), a Nevada corporation**

*place an "x" beside the name of the Debtor you are filing a claim against

Case Number

00-35078-H2-11
00-35079-H2-11
00-35080-H2-11

Creditor ID#: 788-14411

United States Bankruptcy Court
Southern District of Texas
FILED

JUL 1 7 2000

Michael N. Milby, Clerk

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

Crow Paint & Glass Inc.

__ **Check box if you are aware that anyone else a filed a proof of claim relating to your claim. Attach copy of statement giving particulars.**

Name and address where notices should be sent:

**********AUTO**3-DIGIT 654
Crow Paint & Glass Inc.
390 W Elm St
Lebanon MO 65536-3522

__**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.**

Account or other number by which creditor identifies debtor:

Stage Stores, Inc. Store # 0284

Check here if this claim __ replaces __ amends a previously filed claim, dated: _____

1. Basis for Claim

X Goods sold
X 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: 5/20/00

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 35.90

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 All personal and intangible property of Debtor's Estate

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 $4,300),* 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 $1,950* 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-____).

**Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

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.

This Space is for Court Use Only

Date 7-13-2000

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): Richard Crow Pres.

054

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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FORM B9F (ALT.) (Chapter 11 Corporation/Partnership Case) (9/97)

UNITED STATES BANKRUPTCY COURT — Southern District of Texas

Notice of Chapter 11 Bankruptcy Case, Meeting of Creditors, & Deadlines

A chapter 11 bankruptcy case concerning each of the debtor corporations listed below was filed on June 1, 2000

You may be a creditor of one or more of the debtor(s). **This notice lists important deadlines.** You may want to consult an attorney to protect your rights. All documents filed in the cases may be inspected at the bankruptcy clerk's office at the address listed below. NOTE: The staff of the bankruptcy clerk's office cannot give legal advice.

See Reverse Side For Important Explanations.

Debtor (name(s), case numbers and address):	Jointly Administered Under Case Number 00-35078-H2-11
Stage Stores, Inc., a Delaware corp.; Case No. 00-35078-H2-11 Specialty Retailers, Inc., a Texas corp.; Case No. 00-35079-H2-11 Specialty Retailers, Inc. (NV), a Dallas corp.; Case No. 00-35080-H2-11 10210 Main Street Houston, TX 77025-5229 **Toll Free Number: 1-800-804-2013 (for case information)**	Taxpayer ID Nos: 76-0407711 (Stage Stores, Inc.) 74-0821900 (Specialty Retailers, Inc.) 91-1826900 (Specialty Retailers, Inc. (NV))
Attorney for Debtors (name and address): Andrew E. Jillson, Esq. Lynnette R. Warman, Esq. Jenkens & Gilchrist, a Professional corporation 1445 Ross Avenue, Suite 3200 Dallas, TX 75202-2799	Attorneys for Debtors Telephone Number: Toll Free 1-877-559-9672 **Information may also be obtained from the following website:** Website address: www.stagestoresbankruptcy.com

Meeting of Creditors

Date: 7 / 11 / 00 Time: 2:00 ( ) A.M. (X) P.M. Location: U.S. Courthouse, Jury Assembly Room, 515 Rusk, 6th Floor, Houston, Texas 77002

Deadlines to File a Proof of Claim

Proofs of Claim must be *received* by the bankruptcy clerk's office by the following deadline:

For all creditors (except a governmental unit): 10/9/00 For a governmental unit: 11/28/00

Mail claim to: U.S. Bankruptcy Court
P.O. Box 61288
Houston, TX 77208

Creditors May Not Take Certain Actions:

The filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized.

Address of the Bankruptcy Clerk's Office:	For the Court:
515 Rusk Avenue 1st Floor Houston, Texas 77002 Telephone number: 713/250-5115	Clerk of the Bankruptcy Court: Michael N. Milby, Clerk
Hours Open: 9:00 a.m. - 4:30 p.m.	Date:

DALLAS1 592549v1 48909-00001

ClibPDF - www.fastio.com

Statement

Customer No.: STOSTA

Date : 06/26/00

Page : 1

Salesperson : 1

STADE STORES
P.O. BOX 05648
HOUSTON, TX 77205

PLEASE DETACH AND RETURN WITH YOUR PAYMENT $_____

Inv.Date	Due Date	Inv. No.	Typ	Reference	Orig. Amount	Balance
05/20/00	06/19/00	4357	Inv	STORE 0234 W.O. Number:	35.90	35.90

OUR NEW TERMS ARE NET 30 DAYS FROM ORIGINAL BILLING DATE!!!!
A SERVICE CHARGE OF 1.5% PER MONTH OR 18% PER YEAR WILL BE APPLIED TO ALL PAST DUE ACCOUNTS.

Before 0:	0 To 30:	31 To 60:	61 To 90:	91 And Over:	TOTAL DUE
0.00	0.00	35.90	0.00	0.00	35.90

Remit Payment To:

CROW PAINT AND GLASS INC.
390 WEST ELM
LEBANON
MO
65536

(417)532-5551

CROW
PAINT & GLASS, INC.

FED. ID NO. 43-1094788

Art Supplies

COMPLETE GLASS SERVICE — PAINT — WALLPAPER

390 W. ELM (CITY RT. 66) LEBANON, MO. 65536

417-532-3551
417-532-4157

Customer's Order No. W0000 32528 Date 5/20

Name Stage Stores Inc.

Address 1701 S. Jefferson
Store # 0284

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT
RM			✓			

QUAN.	DESCRIPTION	PRICE	AMOUNT
1.	1 tube silicone calk		5 95
		Tax	40
		total	30 00
		#	35 95
	We Appreciate Your Business		
		SALES TAX	
		TOTAL	

MR-503-58 All claims and returned goods MUST be accompanied by this bill.

4357

Rec'd by

JOHNS PRINTING - LEBANON, MO. 65536 15375-AO