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**
____**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#: 788-42601

United States Bankruptcy Court
Southern District of Texas
FILED

JUL 0 3 2000

Michael N. Milby, Clerk

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

Marysville Journal Tribune

__ **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 430
Marysville Journal Tribune
207 N Main St
P.O. Box 226
Marysville OH 43040-1161

✓ **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:

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 advertising

__ 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: 3-1-00

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 2555.78
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

1079

Date 6-30-00

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):

Daniel E Behrens

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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MARYSVILLE

207 North Main Street
PO Box 226
Marysville, OH 43040
Fax: (937) 644-9211
Phone: (937) 644-9111

ADVERTISING INVOICE/STATEMENT

Statement	Agency/Client Name
03/31/00	Stage Store Inc.

Total Amount Due		Terms of Payment
1241.37		30 days

Current Net Amount Due	1-30 Days	31-60 Days	61-90 Days	Over 90 Days
1241.37	0.00	0.00	0.00	0.00

Page #	Billing Date	Billed Account Name & Address	Remittance Address
1	03/31/00	Stage Store Inc. 10201 Main Street HOUSTON, TX 77025	MARYSVILLE JOURNAL-TRIBUNE 207 North Main Street PO Box 226 Marysville, OH 43040
Billed Account #			
04100045-000			
Agency Number			

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE

Date	Reference #	Description-Other Comments/Charges	Type	Runs	Amount	Total
03/31/00	04501231-001	Pre-Print 6,306 March One Day	i	1	283.77	283.77
03/31/00	04502130-001	SPRING PREVIEW	i	1	313.60	597.37
03/31/00	04502997-001	4 DAY SALE 3-22-00	i	1	168.00	765.37
03/31/00	04503000-001	ANNIVERSARY SALE STARTS	i	1	476.00	1241.37

Statement of Account Aging of Past Due Amounts

Current Net Amount Due	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Total Amount Due
1241.37	0.00	0.00	0.00	0.00	1241.37

MARYSVILLE JOURNAL-TRIBUNE
207 North Main Street
PO Box 226

Advertiser Information

Statement Date	Billed Account #	Agency/Client Number	Agency Name
03/31/00	04100045-000	04100045-000	

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Phone: (937) 644-9111

ADVERTISING INVOICE/STATEMENT

Statement	Agency/Client Name
05/01/00	STAGE STORES INC.

Total Amount Due		Terms of Payment
2613.37		30 days

Current Net Amount Due	1-30 Days	31-60 Days	61-90 Days	Over 90 Days
1372.00	1241.37	0.00		

Page #	Billing Date	Billed Account Name & Address	Remittance Address
1	05/01/00	STAGE STORES INC. 10201 Main Street HOUSTON, TX 77025	MARYSVILLE JOURNAL-TRIBUNE 207 North Main Street PO Box 226 Marysville, OH 43040
Billed Account #			
04100045-000			
Agency Number			

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE

Date	Reference #	Description-Other Comments/Charges	Type	Runs	Amount	Total
		Beginning Balance			1241.37	1241.37
04/06/00	04503625-001	ONE DAY SALE	i	1	722.40	1963.77
04/13/00	04503622-001	SPRING SALE	i	1	313.60	2277.37
04/19/00	04503944-001	PRE-EASTER SALE	i	1	168.00	2445.37
04/25/00	04503947-001	EOM SALE & CLEARANCE	i	1	168.00	2613.37

Statement of Account Aging of Past Due Amounts

Current Net Amount Due	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Total Amount Due
1372.00	1241.37	0.00			2613.37

MARYSVILLE JOURNAL-TRIBUNE
207 North Main Street
PO Box 226

Advertiser Information

Statement Date	Billed Account #	Agency/Client Number	Agency Name
05/01/00	04100045-000	04100045-000	

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PO Box 226
Marysville, OH 43040
Fax: (937) 644-9211
Phone: (937) 644-9111

ADVERTISING INVOICE/STATEMENT

Statement	Agency/Client Name
05/31/00	STAGE STORES INC.

Total Amount Due		Terms of Payment
2555.78		30 days

Current Net Amount Due	1-30 Days	31-60 Days	61-90 Days	Over 90 Days
1143.70	1372.00	40.08	0.00	0.00

Page #	Billing Date	Billed Account Name & Address	Remittance Address
1	05/31/00	STAGE STORES INC. 10201 Main Street HOUSTON, TX 77025	MARYSVILLE JOURNAL-TRIBUNE 207 North Main Street PO Box 226 Marysville, OH 43040
Billed Account #			
04100045-000			
Agency Number			

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE

Date	Reference #	Description-Other Comments/Charges	Type	Runs	Amount	Total
		Beginning Balance			2613.37	2613.37
05/04/00	04504777-001	BEST BRANDS	i	1	168.00	2781.37
05/11/00	04504774-001	MOM'S DAY SUPER WEEKEND SALE	i	1	369.60	3150.97
05/16/00	04503000-001	Payment	p		-1201.29	1949.68
05/17/00	04504648-001	PP INSERT 6,500	i	1	292.50	2242.18
05/24/00	04505227-001	MEMORIAL DAY SALE	i	1	313.60	2555.78

Statement of Account Aging of Past Due Amounts

Current Net Amount Due	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Total Amount Due
1143.70	1372.00	40.08	0.00	0.00	2555.78

MARYSVILLE JOURNAL-TRIBUNE
207 North Main Street
PO Box 226

Advertiser Information

Statement Date	Billed Account #	Agency/Client Number	Agency Name
05/31/00	04100045-000	04100045-000	

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