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#: 788-30950

United States Bankruptcy Court
Southern District of Texas
FILED

AUG 0 3 2000

Michael N. Milby, Clerk

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

Josh P Mcelharey

__ **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 743
Josh P Mcelharey
423 Chopper Ct Apt B
Grove OK 74344-3346

✓ **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 _____

__ Retiree benefits as defined in 11 U.S.C. § 1114(a)
✓ Wages, salaries, and compensation (Fill out below)
Your SS#: 491 - 86 - 4238
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2. Date debt was incurred:

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed. $ _____
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.

no longer have time slip that wk. owed. manager said he had nothing coming

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: 7-5-00

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):

Josh P McElharey Josh P. McElharey

001241

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.

68700-001\DOCS_LA:12578.1

I called Stage
at 1-800-804-2013
to get starting +
layoff dates. They
gave me

Starting - Sept 8-99

Quitting - Oct 16-99

his first check was
for 9-04-99 - (4 days prior to hire)
so I couldnt find
out for sure on
anything from them.

ClibPDF - www.fastio.com

This is Allen
Check stubs I
could find + his
W 2 form

SPECIALTY RETAILERS, INC.

STAGE STORES INC.

P.O. BOX 35167 HOUSTON, TEXAS 77235-5167

000283083

STATEMENT OF EARNINGS AND DEDUCTIONS

EARNINGS & OTHER	HRS./UNITS	AMOUNT	DEDUCTIONS			
REGULAR	1230	6335	SOC SEC	393	MEDICARE	092
GROSS		6335	FED TAX	186		
TAXABLE EARNINGS & OTHER		6335	TOTAL DEDUCTIONS			671

YEAR TO DATE	
TAXABLE EARNINGS	15951
HICA	989
FED TAX	346
STATE TAX	
GROS	15951

NET PAY 56.64

J P MCELHAREY 301069700000000630852

FOR PERIOD ENDING 09-18-1999 THIS PART IS FOR YOUR RECORDS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

16-0331690 OMB 1545-0008

1A

1 Wages, tips, other compensation 407.23	2 Federal income tax withheld 14.10
3 Social security wages 407.23	4 Social security tax withheld 25.25
5 Medicare wages and tips 407.23	6 Medicare tax withheld 5.90

c Employer's name, address, and ZIP code

SPECIALTY RETAILERS INC.
P O BOX 35167
HOUSTON, TX 77235-5167

b Employer's identification number 74-0821900		7 Social security tips
8 Allocated tips	9 Advance EIC payment	12 Benefits included in Box 1
10 Dependent care benefits	11 Nonqualified plans	
13 Employee information (see back of Copy "C")	14 Other	

e Employee's name, address, and ZIP code

-301-06970000-000630852-
JOSH P MCELHAREY
423 B CHOPPER CT
GROVE, OK 74344

d Employee's social security number 491-86-4238	15 Statutory employee	Deceased	Pension plan	Legal rep.	Deferred comp.
Form W-2	16 State OK	Employer's state I.D. No. 740821900		17 State wages, tips, etc. 407.23	
Wage and Tax Statement 1999	18 State income tax 2.00			19 Locality name	
	20 Local wages, tips, etc.			21 Local income tax	

Copy C For EMPLOYEE'S RECORDS (See Notice on Back)

Department of the Treasury · Internal Revenue Service

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