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

United States Bankruptcy Court
61788, 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#: 788-12611

United States Bankruptcy Court
Southern District of Texas
FILED

AUG 2 1 2000

Michael N. Milby, Clerk

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

City Of Corpus Christi Police Dept Al Arm Records

__ 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 784
City Of Corpus Christi Legal Dept.
1201 Leopard Street
Corpus Christi TX 78401
ATTN: JOSEPH F. HARNEY

__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:
Invoices #9912396, #9912743, #9953816, and #9951906

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

1. Basis for Claim

__ Goods sold
_X_ Services performed Alarm Records
__ 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: Prior to 6-1-00

3. If court judgment, date obtained: N/A

4. Total Amount of Claim at Time Case Filed: $ 42.00

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 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)(5).
__ 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

001343

Date 8-15-00

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):

Joseph F. Harney, Assistant City Attorney

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

Corpus Christi Police Department
321 John Sartain St.
Corpus Christi, TX 78401

Alarm Records Clerks
(361) 886-2739/2745

06 Oct 1999

Bill To:

Invoice #: *9912396*

PALAIS ROYAL
5488 S. PADRE ISLAND DR. #1006

Past Due

CORPUS CHRISTI, TX 78411

Remember, it is your responsibility to notify us (and your alarm company) of any changes to your original application: (Business Name, Alarm Company, Phone #s, Emergency Contacts, etc.) Please note any changes on the lower portion of this form

Alarm Site: Permit #: ***18637***

5488 S. PADRE ISLAND DR. 1006
Corpus Christi, TX 78411

Line Item Description	Item Charge
Alarm Permit Renewal Fee for 10/1999 to 10/2000	$10.50

Invoice Amount: **$10.50**

Make Checks Payable to City of Corpus Christi

Invoice Due Date: 16 Oct 1999

Detach and mail this portion with your payment

☐ **Check box if changes have been made**

Invoice Amount: $10.50

Mail to:
Corpus Christi Police Department
Alarm Records Clerk
P.O. Box 9016
Corpus Christi, TX 78469

Invoice #: 9912396
Cycle: 101999

Amount Paid:

Alarm Site: Permit #: ***18637*** CC
PALAIS ROYAL
5488 S. PADRE ISLAND DR. 1006
Corpus Christi, TX 78411

ClibPDF - www.fastio.com

PAID
DATE ~~OCT 2 1993~~
AMOUNT
EMP. Soze

~~JP 990~~ 4/6/12

BURGLARY ALARM PERMIT APPLICATION

For Police Department Use ONLY
Permit # 18637
Sgt
10.4.93

CAMEO

ALARM	A/R	INVOICE
816	816	1086

2

Return the form with a $10.00 Permit Fee (payable to the City of Corpus Chr[illegible] Police Department, Alarm Records Clerk, Central Information Division, P. O. Box 5809, Corpus Chr[illegible]-27-5. Please enclose a self-addressed stamped envelope for [illegible]

COMPLETE ALL INFORMATION

Permit for: Residential ____ Commercial ✓

Alarm Company: Alarm Security Phone: 857-5615

Monitoring Company:

Commercial/Resident Name: Palais Royal Dept. Store

Address Site of Alarm: ~~806 Padre Staples Mall~~ #1006

Zip Code: 78411 994-0237

Applicants Full Name: Jeff N. Gray

Date of Birth: 12/05/66 Driver's Lic. 1533913

Home Address: 5901 Weber #H-7 Phone (512) 851-6709

Business Address: 1006 Padre Staples Mall Phone 994-0237

Billing Address if different from above:

List two to six persons who [illegible] of an emergency [illegible] access to structure, alarm system, and be able to [illegible] in the event of your absence:

1) Name: AL E. Sobol Telephone: 814-4606
2) Name: Jeff Gray Telephone: 851-6709
3) Name: Hilda Coronado Telephone: 991-0291
4) Name: Elida Balboa Telephone: 664-8325
5) Name: Telephone:
6) Name: Telephone:

I hereby certify that the information contained in this application is true and correct as [illegible] of this application, and that I will inform the Corpus Christi Police Department promptly of any changes. I further agree [illegible] will comply with all provisions of the City Ordinance governing Alarm Systems. I accept responsibility for all fines and fees that may result from the operation of the alarm system.

Jeff N. Gray
Applicants Signature

9/28/93
Date

Corpus Christi Police Department
321 John Sartain St.
Corpus Christi, TX 78401

Alarm Records Clerks
(361) 886-2739/2745

06 Oct 1999

Bill To:

Invoice #: *9912743*

BEALLS FIVE POINTS
4101 HWY 77 SB SUITE J1

CORPUS CHRISTI, TX 78410

Past Due

Remember, it is your responsibility to notify us (and your alarm company) of any changes to your original application: (Business Name, Alarm Company, Phone #s, Emergency Contacts, etc.) Please note any changes on the lower portion of this form

Alarm Site: Permit #: ***22852***

4101 HWY 77 SB J1
Corpus Christi, TX 78410

Line Item Description	Item Charge
Alarm Permit Renewal Fee for 10/1999 to 10/2000	$10.50

Invoice Amount: **$10.50**

Make Checks Payable to City of Corpus Christi

Invoice Due Date: 16 Oct 1999

Detach and mail this portion with your payment

☐ **Check box if changes have been made**

Invoice Amount: $10.50

Mail to:

Corpus Christi Police Department
Alarm Records Clerk
P.O. Box 9016
Corpus Christi, TX 78469

Invoice #: 9912743
Cycle: 101999

Amount Paid:

Alarm Site: Permit #: ***22852*** CC
BEALLS FIVE POINTS
4101 HWY 77 SB J1
Corpus Christi, TX 78410

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029890

1008705

BURGLARY ALARM PERMIT APPLICATION

16

For Police Department Use ONLY

Permit # 22852

Issued by MeB

Date 10-26-95

checking on/confirmed to find out what kind of thing it is 10-26-95 MeB

10.50 AM 2000-123-4080-573

Return the form with a ~~$10.00~~ Permit Fee (payable to the City of Corpus Christi) to the Corpus Christi Police Department, Alarm Records Clerk, Central Information Division, P. O. Box 9016, Corpus Christi, TX 78469, phone 512-886-2745. Please enclose a self-addressed stamped envelope for receipt return.

COMPLETE ALL INFORMATION

Permit for: Residential _____ Commercial ✓

Alarm Company: Argus Security Systems **Telephone#:** 852-9584

Monitoring Company: Same **Telephone#:**

Commercial/~~Resident Name~~: Bealls Dept Store #123

Address Site of Alarm: 4101 Hwy 77 5 points S/B **Apt/Suite#:**

Zip Code: 78410 **Telephone#:** 512-241-7441

Applicants Full Name: Bealls #123 (James Murphy)

Date of Birth: 4/22/34 **Drivers License #:** 03257523

Home Address: 14748 Prairie Ck **Telephone#:** 512-387-9989

Business Address: 4101 Hwy 77 **Telephone#:** 512-241-7441

Billing Address (if different from alarm site):

List two to six persons who Police may contact in case of an emergency. Persons must have access to structure, alarm system, and be able to make decisions in the event of your absence:

1) **Name:** James Murphy **Telephone#:** 512-387-9989

2) **Name:** Homer Perez **Telephone#:** 512-985-6701

3) **Name:** Lina Scott **Telephone#:** 512-387-9989

4) **Name:** Beth Remoe **Telephone#:** 512-668-1520

5) **Name:** Rebecca Willesden **Telephone#:** 512-384-9545

6) **Name:** **Telephone#:**

I hereby certify that the information contained in this application is true and correct as of the date of this application, and that I will inform the Corpus Christi Police Department promptly of any changes. I further agree that I shall comply with all provisions of the City Ordinance governing Alarm Systems. I accept responsibility for all fines and fees that may result from the operation of the alarm system.

James Murphy — **Applicants Signature**

9-25-95 — **Date**

1736

BURGLARY ALARM PERMIT APPLICATION

CAMEO

ALARM	A/R	INVOICE
816	Debit	

16

For Police Department Use ONLY

Permit # 16565

Issued by Saf #816

Date 7-01-94

Return the form with a $10.00 Permit Fee (payable to the City of Corpus Christi) to the Corpus Christi Police Department, Alarm Records Clerk, Central Information Division, P. O. Box 9016, Corpus Christi, TX 78469, phone 512-886-2745. Please enclose a self-addressed stamped envelope for receipt return.

COMPLETE ALL INFORMATION

Permit for: Residential ____ Commercial ✓

Alarm Company: ADSUS **Telephone#:** 855-6910

Monitoring Company: " **Telephone#:** "

Commercial/Resident Name: Realls Dept Stors (Padre Staples Mall)

Address Site of Alarm: 1250 Staples 5488 SPID **Apt/Suite#:** ____

Zip Code: 78411 **Telephone#:** 991-7771

Applicants Full Name: Thomas W. Stenger

Date of Birth: 6/12/53 **Drivers License #:** 15175697

Home Address: 6601 Canyon Creek **Telephone#:** 854-6655

Business Address: Same (Realls) **Telephone#:** Same (Realls)

Billing Address (if different from alarm site):

List two to six persons who Police may contact in case of an emergency. Persons must have access to structure, alarm system, and be able to make decisions in the event of your absence:

1) Name: Jennifer Grahmann **Telephone#:** 992-4524

2) Name: Jeff Gray **Telephone#:** 851-6709

3) Name: Ahad Kahn **Telephone#:** 993-2415

4) Name: Rubin Perez **Telephone#:** 985-1345

5) Name: Kandyce Foerster **Telephone#:** 767-1017

6) Name: Elita Balboa **Telephone#:** 664-8325

I hereby certify that the information contained in this application is true and correct as of the date of this application, and that I will inform the Corpus Christi Police Department promptly of any changes. I further agree that I shall comply with all provisions of the City Ordinance governing Alarm Systems. I accept responsibility for all fines and fees that may result from the operation of the alarm system.

Thomas W. Stenger — Applicants Signature

5/7/94 — Date

Corpus Christi Police Department
321 John Sartain St.
Corpus Christi, TX 78401

Alarm Records Clerks
(361) 886-2739/2745

Bill To:

13 Mar 2000

BEALLS DEPARTMENT STORE #50
4104 S. STAPLES ST.

CORPUS CHRISTI, TX 78411

Invoice #: *9951906*

Past Due

Remember, it is your responsibility to notify us (and your alarm company) of any changes to your original application: (Business Name, Alarm Company, Phone #s, Emergency Contacts, etc.) Please note any changes on the lower portion of this form

Alarm Site: Permit #: *27473*

4104 S. STAPLES ST.
Corpus Christi, TX 78411

Line Item Description	Item Charge
Permit renewal covering 2/2000 through 2/2001	$10.50

Invoice Amount: **$10.50**

Make Checks Payable to City of Corpus Christi

Invoice Due Date: 23 Mar 2000

Detach and mail this portion with your payment

☐ **Check box if changes have been made**

Invoice Amount: $10.50

Amount Paid:

Mail to:

Corpus Christi Police Department
Alarm Records Clerk
P.O. Box 9016
Corpus Christi, TX 78469

Invoice #: 9951906
Cycle: 032000

Alarm Site: Permit #: ***27473*** **CC**
BEALLS DEPARTMENT STORE #50
4104 S. STAPLES ST.
Corpus Christi, TX 78411

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CITY OF CORPUS CHRISTI BURGLARY ALARM PERMIT APPLICATION

UPDATE

For Police Department Use ONLY

Permit # 27473

Issued by _____

Date _____

Return the form with a $10.50 Permit Fee (payable to the City of Corpus Christi) to the Corpus Christi Police Department, Alarm Records Clerk, Central Information Division, P. O. Box 9016, Corpus Christi, TX 78469, phone 512-886-2745. Please enclose a self-addressed stamped envelope for receipt return.

COMPLETE ALL INFORMATION

Permit for (✓check one): Residential _____ Commercial ✓

Alarm Company: Alarm Security & Contracting, INC Telephone #: 857 5615

Monitoring Company: Same Telephone #: _____

Commercial/Resident Name: Beaus Dept Store #50

Address Site of Alarm: 4104 So. Staples Apt/Suite#: _____

Carmel Village Shopping Ctr.

Zip Code: 78411 Telephone #: 853 9964

Please list the person responsible for the alarm (needed for both business and residence permits)

Applicants Full Name: Norma Ann Yturria

Date of Birth: 8-27-63 Drivers License #: TX 04668704

Home Address: 6433 So. Staples #187 Telephone #: 992 6177

Business Address: 4104 So. Staples, Corpus Christi TX Telephone #: 853 9964

Billing Name and Address (if different from alarm site): _____

List two to three persons (LOCAL CONTACTS ONLY) who Police may contact in case of an emergency. Persons must have access to structure and alarm system and be able to make decisions in the event of your absence:

1) Name: Jacqueline West Telephone #: 512 991-0780

2) Name: Agusta Garcia Telephone #: 512 387-7201

3) Name: Frank Brancato Telephone #: 800 513 6527

I hereby certify that the information contained in this application is true and correct as of the date of this application, and that I will inform the Corpus Christi Police Department promptly of any changes. I further agree that I shall comply with all provisions of the City Ordinance governing Alarm Systems. I accept responsibility for all fines and fees that may result from the operation of the alarm system.

Norma Yturria
Applicants Signature

3/16/98
Date