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

United States Bankruptcy Court
P.O.Box 61288, Houston TX 77208

SOUTHERN DISTRICT OF TEXAS
(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

United States Bankruptcy Court
Southern District of Texas
FILED
AUG 0 2 2000
Michael N. Milby, Clerk

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

Copperas Cove Leader-Press

__ 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:

P.O. Box 370
Copperas Cove, TX 76522

__ 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
_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: May 4, 11, 18, 25, 2000

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 854.00

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)(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

001463

Date 7/28/00

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):

David G. Landmann
David G. Landmann

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.

ClibPDF - www.fastio.com

Copperas Cove Leader Press

P.O. Box 370 Copperas Cove, Texas 76522
Phone (254) 547-4207 - Fax (254) 542-3299

All Bills Due by the 20th of the Month

Advertising for the Month of May-00

Save Money By Paying On Time!

NAME Beall's

ADDRESS P. O. Box 35167

CITY Houston STATE TX ZIP 77025

Date	Inches	Description	AMOUNT
4-May	30.00	4.5	$135.00
11-May	66.00	4.5	$297.00
18-May	1.00	Inserts	$200.00
25-May	56.00	4.5	$252.00
	0.00		$0.00
	0.00		$0.00
	0.00		$0.00
	0.00		$0.00
	0.00		$0.00
	0.00		$0.00
	0.00		$0.00
Total Inches			
153			$884.00
Past due Amount			$0.00
Payment			$0.00
		Total Amount Due	$884.00
Total if Paid After the 20th			$884.00
Total Due if Paid by the 20th			$884.00
Pay by the 20th AND SAVE			$0.00

ClibPDF - www.fastio.com