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

United States Bankruptcy Court SOUTHERN DISTRICT OF TEXAS P.O.Box 61288, Houston TX 77208 (Houston Division)

PROOF OF CLAIM

Name of Debtors

X **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#: 788-45517

United States Bankruptcy Court
Southern District of Texas
FILED

AUG 1 8 2000

Michael N. Milby, Clerk

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

Monarch Marking Systems 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**ALL FOR AADC 453
Monarch Marking Systems Inc
PO Box 608
Dayton OH 45401-0608

__ **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:
12368

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

1. Basis for Claim

XX 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#: _____ - _____ - _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2. Date debt was Incurred: MAY 2000

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 2670.40
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.

001498

Date 8-11-00

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):
R.K.SCHNEIDER/US TREASURER

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

CREDIT MEMO

NUMBER	DATE
2222187	12-FEB-00

TERMS

STAGE STORE INC
506 BEALL BLVD
JACKSONVILLE TX 75766-5122

Remit to:

Attention New Remit To Address

MONARCH MARKING
PO BOX 945687
ATLANTA GA 30394
PH: 800-543-6650

SALES ORDER NUMBER

YOUR P.O. NUMBER

CUSTOMER NUMBER
12368

DUE DATE	SUBTOTAL	TAX	TOTAL
	-2,640.00	-217.80	-2,857.80

PLEASE DETACH AND RETURN WITH PAYMENT

Monarch PAXAR

MONARCH MARKING
PO BOX 945687
ATLANTA GA 30394
PH: 800-543-6650

CREDIT MEMO

PAGE	DATE	NUMBER
1 of 1	12-FEB-00	2222187

Ship to:
STAGE STORE INC
506 BEALL BLVD
JACKSONVILLE TX 75766-5122

Bill to:
STAGE STORE INC
506 BEALL BLVD
JACKSONVILLE TX 75766-5122

SALES ORDER NUMBER

CUSTOMER NUMBER
12368

YOUR P.O.NUMBER

CUSTOMER BILLING LOC.
506 BEALL BLVD

INV REFERENCE NO	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIPPING PREFERENCE

LINE	CREDIT MEMO DESCRIPTION	QUANTITY ORDERED	QUANTITY SHIP	UNIT	UNIT PRICE	EXTENDED AMOUNT
	TO CREDIT YOU FOR MERCHANDISE RETURNED ON INVOICE 2147803					
	CALL 25899 RMA 9443					
2	M0092501 M0092501, STACKER-FINAL ASSY-M00925		-1	EACH	2,640.00	-2,640.00
	Sales Tax @ 8.25					-217.80

TERMS	DUE DATE	SUB TOTAL	TAX	TOTAL
		-2,640.00	-217.80	-2,857.80

A 1% per month service charge is applicable for new invoices paid after due date.

Shipping Terms: F.O.B. Dayton, Ohio.

Return Policy: Requests for return authorization must be made within 30 days of shipment of product (60 days for bar code machines) and may be subject to a 15 % restocking charge.
Custom products may not be returned.

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INVOICE

NUMBER	DATE
2278444	01-MAY-00

TERMS
NET 30

STAGE STORE INC
10201 S MAIN ST
PO BOX 35167
HOUSTON TX 77025-5229

Remit to:

Attention New Remit To Address

MONARCH MARKING
PO BOX 945687
ATLANTA GA 30394
PH: 800-543-6650

SALES ORDER NUMBER
20256037

YOUR P.O. NUMBER
27000

CUSTOMER NUMBER
12368

DUE DATE	SUBTOTAL	TAX	TOTAL
31-MAY-00	600.00	49.50	649.50

PLEASE DETACH AND RETURN WITH PAYMENT

Monarch PAXAR

MONARCH MARKING
PO BOX 945687
ATLANTA GA 30394
PH: 800-543-6650

INVOICE

PAGE	DATE	NUMBER
1 of 1	01-MAY-00	2278444

Ship to:
STAGE STORE INC
10201 S MAIN ST
PO BOX 35167
HOUSTON TX 77025-5229

Bill to:
STAGE STORE INC
10201 S MAIN ST
PO BOX 35167
HOUSTON TX 77025-5229

SALES ORDER NUMBER
20256037

CUSTOMER NUMBER
12368

YOUR P.O.NUMBER
27000

CUSTOMER BILLING LOC.
10201 S MAIN ST

CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIPPING PREFERENCE

LINE	ITEM NUMBER/DESCRIPTION	QUANTITY ORDERED	QUANTITY SHIP	UNIT	UNIT PRICE	EXTENDED AMOUNT
1	M0206520 ULTRA SOFTWARE CHARGES	600	600	EACH	1.00	600.00

Sales Tax @ 8.25 49.50

TERMS	DUE DATE	SUB TOTAL	TAX	TOTAL
NET 30	31-MAY-00	600.00	49.50	649.50

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INVOICE

NUMBER	DATE
2297474	30-MAY-00

TERMS
NET 30

STAGE STORE INC
506 BEALL BLVD
JACKSONVILLE TX 75766-5122

Remit to:

Attention New Remit To Address

MONARCH MARKING
PO BOX 945687
ATLANTA GA 30394
PH: 800-543-6650

SALES ORDER NUMBER
20267839

YOUR P.O. NUMBER
WANDA WALKER

CUSTOMER NUMBER
12368

DUE DATE	SUBTOTAL	TAX	TOTAL
29-JUN-00	4,023.74	313.71	4,337.45

PLEASE DETACH AND RETURN WITH PAYMENT

Monarch PAXAR

MONARCH MARKING
PO BOX 945687
ATLANTA GA 30394
PH: 800-543-6650

INVOICE

PAGE	DATE	NUMBER
1 of 1	30-MAY-00	2297474

Ship to:
STAGE STORE INC
506 BEALL BLVD
JACKSONVILLE TX 75766-5122

Bill to:
STAGE STORE INC
506 BEALL BLVD
JACKSONVILLE TX 75766-5122

SALES ORDER NUMBER
20267839

CUSTOMER NUMBER
12368

YOUR P.O.NUMBER
WANDA WALKER

CUSTOMER BILLING LOC.
506 BEALL BLVD

CUSTOMER CONTACT
WANDA, WALKER

SHIP DATE	SHIP VIA	SHIPPING PREFERENCE
30-MAY-00	YELLOW	0440606614

LINE	ITEM NUMBER/DESCRIPTION	QUANTITY ORDERED	QUANTITY SHIP	UNIT	UNIT PRICE	EXTENDED AMOUNT
1	01060960-P51757	25	25	CASE	152.10	3,802.50
	MATPQ,P51757,.7500X1.200,STAGES STORES,OPAGUE SLIT 2 WIDE LA	1170	1170	M		
2	SHIPPING AND HANDLING CHARGES	1	1	EACH	221.24	221.24
Sales Tax	@ 8.25					313.71

TERMS	DUE DATE	SUB TOTAL	TAX	TOTAL
NET 30	29-JUN-00	4,023.74	313.71	4,337.45

A 1% per month service charge is applicable for new invoices paid after due date.

Shipping Terms: F.O.B. Dayton, Ohio.

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INVOICE

NUMBER	DATE
2298200	31-MAY-00

TERMS
NET 30

STAGE STORE INC
10201 S MAIN ST
PO BOX 35167
HOUSTON TX 77025-5229

Remit to:

Attention New Remit To Address

MONARCH MARKING
PO BOX 945687
ATLANTA GA 30394
PH: 800-543-6650

SALES ORDER NUMBER
20275994

YOUR P.O. NUMBER
27007

CUSTOMER NUMBER
12368

DUE DATE	SUBTOTAL	TAX	TOTAL
30-JUN-00	500.00	41.25	541.25

PLEASE DETACH AND RETURN WITH PAYMENT

Monarch PAXAR

MONARCH MARKING
PO BOX 945687
ATLANTA GA 30394
PH: 800-543-6650

INVOICE

PAGE	DATE	NUMBER
1 of 1	31-MAY-00	2298200

Ship to:
STAGE STORE INC
10201 S MAIN ST
PO BOX 35167
HOUSTON TX 77025-5229

Bill to:
STAGE STORE INC
10201 S MAIN ST
PO BOX 35167
HOUSTON TX 77025-5229

SALES ORDER NUMBER	CUSTOMER NUMBER
20275994	12368
YOUR P.O.NUMBER	**CUSTOMER BILLING LOC.**
27007	10201 S MAIN ST

CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIPPING PREFERENCE

LINE	ITEM NUMBER/DESCRIPTION	QUANTITY ORDERED	QUANTITY SHIP	UNIT	UNIT PRICE	EXTENDED AMOUNT
1	M0206520 ULTRA SOFTWARE CHARGES	500	500	EACH	1.00	500.00
	Sales Tax @ 8.25					41.25

TERMS	DUE DATE	SUB TOTAL	TAX	TOTAL
NET 30	30-JUN-00	500.00	41.25	541.25

A 1% per month service charge is applicable for new invoices paid after due date.

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