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)**

Name of Debtors

XX 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

United States Bankruptcy Court
Southern District of Texas
FILED

SEP 21 2000

Michael N. Milby, Clerk

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

CUMULUS BROADCASTING INC.

___ Check box if you are aware that anyone else has 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 61147
Midland, TX 79711

___ Check box if you have never received any notices from the bankruptcy court in this case

X 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
XX 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: 4/1/00-5/31/00

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 2,150.50
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

Date: 9/18/00

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).

Annette Sellers - Asst. Business Manager

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

1633

From: CUMULUS BROADCASTING, INC. ODESSA
KGEE KNFM KODM KBAT KMND/KRIL
BOX 687167
MILWAUKEE WI 53268-7167
(915) 563-5499

Affidavit of Service Rendered

State of Texas)
County of Ector) SS:

Advertiser: BEALLS/REYNOLDS MEDIA

INVOICE

BEA502 To: STAGE STORES INC
REYNOLDS MEDIA SERVICES I
2425 FOUNTAINVIEW STE 35
HOUSTON, TX 77057

Date 4/30/00
Invoice # 41340
Page 1

DATE	Account/Run Detail	Len	No	Rate	Amount
	Contract 5829				
	B040A60R TOMORROW				
4/05/00	KODM FM 3:40p 6:40p	60	2	45.00	90.00
	B040G60R TODAY				
4/06/00	KODM FM 5:51a	60	1	0.00	0.00
4/06/00	KODM FM 6:40a 8:40a 9:50a 10:50a 11:40a	60	5	45.00	225.00
4/06/00	KODM FM 1:50p 2:50p 3:40p 5:20p	60	4	45.00	180.00
	Total Sales ------- 495.00		12		
	Agency Commission				74.25-

THANK YOU!
WE APPRECIATE YOUR BUSINESS

Sales Rep: DAVID WATKINS

>>> Please Pay This Amount >>> 420.75

Broadcast times shown are +/- 8 minutes of actual broadcast times according to station logs.

The undersigned having been duly sworn, deposes and says that broadcasting service has been rendered by radio station in accordance with the accompanying statement.

By _____

Subscribed and sworn to me this

_____ Notary Public

My commission expires

From: CUMULUS BROADCASTING,INC. ODESSA
KGEE KNFM KODM KBAT KMND/KRIL
BOX 687167
MILWAUKEE WI 53268-7167
(915) 563-5499

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INVOICE

BEA502 To: STAGE STORES INC
REYNOLDS MEDIA SERVICES %
2425 FOUNTAINVIEW STE 35
HOUSTON,TX 77057

Date 4/30/00
Invoice # 41341
Page 1

DATE	Account/Run Detail	Len	No	Rate	Amount
	Contract 5835				
	B040A60R TOMORROW				
4/05/00	KGEE FM 3:06p 6:40p	60	2	40.00	80.00
	B040G60R TODAY				
4/06/00	KGEE FM 3:26a 5:40a	60	2	0.00	0.00
4/06/00	KGEE FM 6:37a 7:54a 9:15a 10:40a 11:26a	60	5	40.00	200.00
4/06/00	KGEE FM 1:15p 2:26p 3:06p 4:40p	60	4	40.00	160.00
			13		
	Total Sales -------- 440.00				
	Agency Commission				66.00-

THANK YOU!
WE APPRECIATE YOUR BUSINESS

Sales Rep: DAVID WATKINS

>>> Please Pay This Amount >>> $374.00

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By _____

Subscribed and sworn to me this

_____ Notary Public

My commission expires

From: CUMULUS BROADCASTING,INC. ODESSA
XGEE KNFM KODM KBAT KMND/KRIL
BOX 687167
MILWAUKEE WI 53268-7167
(915) 563-5499

Affidavit of Service Rendered

State of Texas)
County of Ector) SS:

Advertiser: BEALLS/REYNOLDS MEDIA

INVOICE

BEA502 To: STAGE STORES INC
REYNOLDS MEDIA SERVICES I
2425 FOUNTAINVIEW STE 35
HOUSTON,TX 77057

Date 4/30/00
Invoice # 41342
Page 1

DATE	Account/Run Detail	Len	No	Rate	Amount
	Contract 5839				
	B040A60R TOMORROW				
4/05/00	KBAT FM 5:46p	60	1	30.00	30.00
	B040G60R TODAY				
4/06/00	KBAT FM 5:34a 5:46a	60	2	0.00	0.00
4/06/00	KBAT FM 7:10a 7:40a 8:40a 9:50a 10:20a	60	5	30.00	150.00
4/06/00	KBAT FM 11:34a 12:20p 2:20p 3:20p 4:20p	60	5	30.00	150.00
	Total Sales ---------- 330.00		13		
	Agency Commission				49.50-

THANK YOU!
WE APPRECIATE YOUR BUSINESS

Sales Rep: DAVID WATKINS

>>> Please Pay This Amount >>> 280.50

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By _____

Subscribed and sworn to me this

_____Notary Public

My commission expires

ClibPDF - www.fastio.com

From: CUMULUS BROADCASTING, INC. ODESSA
~~AGEE~~ KNFM KODM KBAT KMND/KRIL
BOX 687167
MILWAUKEE WI 53268-7167
(915) 563-5499

Affidavit of Service Rendered

State of Texas)
County of Ector) SS:

Advertiser: BEALLS/REYNOLDS MEDIA

INVOICE

BEA502 To: STAGE STORES INC
REYNOLDS MEDIA SERVICES I
2425 FOUNTAINVIEW STE 35
HOUSTON, TX 77057

Date 5/31/00
Invoice # 42122
Page 1

DATE	Account/Run Detail	Len	No	Rate	Amount
	Contract 5830				
	TOMORROW				
5/17/00	KODM FM 3:40p 6:20p	60	2	45.00	90.00
	TODAY				
5/18/00	KODM FM 5:51a	60	1	0.00	0.00
5/18/00	KODM FM 6:50a 7:50a 9:40a 10:40a 11:40a	60	5	45.00	225.00
5/18/00	KODM FM 1:40p 2:40p 3:40p 4:50p	60	4	45.00	180.00
			12		
	Total Sales -------- 495.00				
	Agency Commission				74.25-

THANK YOU!
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Sales Rep: DAVID WATKINS

>>> Please Pay This Amount >>> 420.75

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By _____

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_____ Notary Public

My commission expires

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MILWAUKEE WI 53268-7167
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2425 FOUNTAINVIEW STE 35
HOUSTON,TX 77057

Date 5/31/00
Invoice # 42123
Page 1

DATE	Account/Run Detail	Len	No	Rate	Amount
	Contract 5836				
	TOMORROW				
5/17/00	KGEE FM 3:06p 6:40p	60	2	40.00	80.00
	TODAY				
5/18/00	KGEE FM 5:40a 5:54a	60	2	0.00	0.00
5/18/00	KGEE FM 6:37a 7:54a 9:15a 10:26a 11:26a	60	5	40.00	200.00
5/18/00	KGEE FM 12:16p 1:06p 3:06p 4:40p	60	4	40.00	160.00
	Total Sales -------- 440.00		13		
	Agency Commission				66.00-

THANK YOU!
WE APPRECIATE YOUR BUSINESS

Sales Rep: DAVID WATKINS

>>> Please Pay This Amount >>> 374.00

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By _____

Subscribed and sworn to me this

_____ Notary Public

My commission expires.

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KGEE KNFM KODM KBAT KMND/KRIL
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MILWAUKEE WI 53268-7167
(915) 563-5499

Affidavit of Service Rendered

State of Texas)
County of Ector) SS:

Advertiser: BEALLS/REYNOLDS MEDIA

INVOICE

Date 5/31/00
Invoice # 42124
Page 1

BEA502 To: STAGE STORES INC
REYNOLDS MEDIA SERVICES I
2425 FOUNTAINVIEW STE 35
HOUSTON, TX 77057

DATE	Account/Run Detail	Len	No	Rate	Amount
	Contract 5843				
	TOMORROW				
5/17/00	KBAT FM 3:20p	60	1	30.00	30.00
	TODAY				
5/18/00	KBAT FM 5:20a 5:46a	60	2	0.00	0.00
5/18/00	KBAT FM 6:50a 7:40a 8:40a 9:50a 11:20a	60	5	30.00	150.00
5/18/00	KBAT FM 12:20p 1:20p 2:20p 3:34p 4:34p	60	5	30.00	150.00
			13		
	Total Sales ---------- 330.00				
	Agency Commission				49.50-

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