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

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

United States District Court
Southern District of Texas
Filed
JUL 24 2000
Michael N. Milby, Clerk

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

Six Flags Glass Company

___ 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:

Six Flags Glass Company
P.O. Box 3462
Victoria, TX 77903

X 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

BEA00352

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

1. Basis for Claim

X 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: 3-21-00

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 270.09

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

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Date 7/19/00

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).

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.

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SIX FLAGS GLASS COMPANY
PO BOX 3462
VICTORIA, TX 77903

Statement

Statement Date:
Jul 19, 2000

Customer ID:
BEA00352

Voice: 512-573-9612
Fax: 512-573-2334

Account Of:
BEALL'S
VICTORIA MALL
VICTORIA, TX 77904

Amount Enclosed
$ _____

Date	Date Due	Reference	Paid	Description	Amount	Balance
3/27/00	4/26/00	63079			270.09	270.09
				TOTAL		270.09

0 - 30	31 - 60	61 - 90	Over 90 days
0.00	0.00	0.00	270.09

Install Tues P.M.
w/ Stephnie

JOB WORK ORDER

54228

Call Estimate

DATE OF ORDER				
3-20-00				
CUSTOMER ORDER NO.	PHONE	MECHANIC	HELPER	STARTING DATE
	575-1406			/ /

BILL TO: Beall's

ORDER TAKEN BY: CWCD

ADDRESS: 1504 N. Laurent

CITY: Victoria, Tx 77901

☐ DAY WORK
☐ CONTRACT
☐ EXTRA

JOB NAME AND LOCATION: Laurent ST

JOB PHONE:

DESCRIPTION OF WORK:

1- 44½ x 83 5/16	139.51
Vy" C/ Temp	
1 hr nite Boarding up	70.00
Labor to install	40.00
W.O.	
ok Becky	
3-20-00	
A.M.	
C.R.	

TOTAL MATERIALS	139	51
TOTAL LABOR	110	00
TAX	20	58
TOTAL AMOUNT	$220	09

DATE COMPLETED 3/21/00 WORK ORDERED BY

Signature Stephnie Martinez

☐ Total amount due for above work: or

☐ Total billing to be mailed after completion of work

I hereby acknowledge the satisfactory completion of the above mentioned work.

PRODUCT 259

MIRRORS
FURNITURE TOPS
WINDOW GLASS

SIX FLAGS GLASS COMPANY

STORE FRONTS
SHOWER ENCLOSURES
TABLETOPS
ARTS GLASS

P.O. BOX 3462
VICTORIA, TEXAS 77903

105 ADLINE
576-5512 FAX 576-5504

Customer's Order No. _____ Date 3-20-00

Name Bevill's

Address 1504 N. Laurent

Victoria, Texas 77901 Phone:

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT	
			✓				54928

QUAN.	DESCRIPTION	PRICE	AMOUNT
1	44 1/2 x 83 5/16		
	1/4" CL tempered		139 51
	tripod labor		110 00
	PAYMENT TERMS		
C	NET ON DAYS		249 51
		TAX	20 58
00530079	Received By	TOTAL	200 09

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Thank You