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

United States Bankruptcy Court
61288, Houston TX 77208

SOUTHERN DISTRICT OF TEXAS P.O.Box
(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#: 788-24737

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

Holiday Inn-Jacksonville

___ **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**5-DIGIT 75766
Holiday Inn-Jacksonville
1848 S Jackson St
Jacksonville TX 75766-5800

___ **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.**

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

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
✓ Services performed HOTEL RENT
___ 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: OCT '99 TO JUNE '00

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ $1466.74

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

219

Date: 7-20-00

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):

SATISHKUMAR. J. JARIWALA OWNER/GM

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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FORM B9F (ALT.) (Chapter 11 Corporation/Partnership Case) (9/97)

UNITED STATES BANKRUPTCY COURT — Southern District of Texas

Notice of Chapter 11 Bankruptcy Case, Meeting of Creditors, & Deadlines

A chapter 11 bankruptcy case concerning each of the debtor corporations listed below was filed on June 1, 2000

You may be a creditor of one or more of the debtor(s), **This notice lists important deadlines.** You may want to consult an attorney to protect your rights. All documents filed in the cases may be inspected at the bankruptcy clerk's office at the address listed below. NOTE: The staff of the bankruptcy clerk's office cannot give legal advice.

See Reverse Side For Important Explanations.

Debtor (name(s), case numbers and address):	Jointly Administered Under Case Number 00-35078-H2-11
Stage Stores, Inc., a Delaware corp.; Case No. 00-35078-H2-11 Specialty Retailers, Inc., a Texas corp.; Case No. 00-35079-H2-11 Specialty Retailers, Inc. (NV), a Dallas corp.; Case No. 00-35080-H2-11 10210 Main Street Houston, TX 77025-5229 **Toll Free Number: 1-800-804-2013 (for case information)**	Taxpayer ID Nos: 76-0407711 (Stage Stores, Inc.) 74-0821900 (Specialty Retailers, Inc.) 91-1826900 (Specialty Retailers, Inc. (NV))
Attorney for Debtors (name and address): Andrew E. Jillson, Esq. Lynnette R. Warman, Esq. Jenkens & Gilchrist, a Professional corporation 1445 Ross Avenue, Suite 3200 Dallas, TX 75202-2799	Attorneys for Debtors Telephone Number: Toll Free 1-877-559-9672 **Information may also be obtained from the following website:** Website address: www.stagestoresbankruptcy.com

Meeting of Creditors

Date: 7 / 11 / 00 Time: 2:00 ( ) A.M. (X) P.M. Location: U.S. Courthouse, Jury Assembly Room, 515 Rusk, 6th Floor, Houston, Texas 77002

Deadlines to File a Proof of Claim

Proofs of Claim must be *received* by the bankruptcy clerk's office by the following deadline:

For all creditors (except a governmental unit): 10/9/00 For a governmental unit: 11/28/00

Mail claim to: U.S. Bankruptcy Court
P.O. Box 61288
Houston, TX 77208

Creditors May Not Take Certain Actions:

The filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized.

Address of the Bankruptcy Clerk's Office:	For the Court:
515 Rusk Avenue 1st Floor Houston, Texas 77002 Telephone number: 713/250-5115	Clerk of the Bankruptcy Court: Michael N. Milby, Clerk
Hours Open: 9:00 a.m. - 4:30 p.m.	Date:

DALLAS1 592549v1 48909-00001

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INVOICE	CT	DATE	AGE	DESCRIPTION	INITIAL
1428	0	061100	0	JULES	66.67
1428			0	*TOTAL	66.67*
1429	0	061100	0	LEE	66.67
1429			0	*TOTAL	66.67*

BILLED 133.34

TOTAL INVOICES 1466.74**

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ACCOUNTS RECEIVABLE MASTER MAINTENANCE

ACCOUNT NO. : STAGE
1. TYPE ACCT : D
2. TYPE BILL : 3
3. NAME Code B: STAGE STORES INC
4. ADDRESS : 10201 MAIN STREET
5. ADDRESS : ATTN RUBY KING
6. CITY : HOUSTON STATE: TX ZIP: 77025
7. TELEPHONE : 713-663-9515 APPROVED CREDIT: Y ACTIVE TO POST: Y
8. ON FILE SINCE: 080399
9. LAST POSTING : 060600
10. LAST INVOICE : 061100 Balance: 1466.74
11. LAST PAYMENT : 052100
12. INTEREST CODE: 0

NOT BILLED :	.00	OVER 90 :	.00
CURRENT :	1466.74	OVER 120:	.00
OVER 30 :	.00		
OVER 60 :	.00	TOTAL :	1466.74

INVOICE	CT	DATE	AGE	DESCRIPTION	INITIAL
1086	0	101999	0	WORK	66.67
1086			0	*TOTAL	66.67*
1342	0	042300	0	KINZER	66.67
1342			0	*TOTAL	66.67*
1348	0	042800	0	LAUTERBACH	333.35
1348			0	*TOTAL	333.35*
1349	0	042800	0	XFERTOSTATE	-333.35
1349			0	*TOTAL	-333.35*
1355	0	043000	0	VANDIVERE	66.67
1355			0	*TOTAL	66.67*
1356	0	043000	0	VANDIVERE	66.67
1356			0	*TOTAL	66.67*
1394	0	052500	0	GEHLING	400.02
1394			0	*TOTAL	400.02*
1419	0	053000	0	GEHLING	466.69
1419			0	*TOTAL	466.69*
1423	0	060400	0	GEHLING	200.01
1423			0	*TOTAL	200.01*

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Holiday Inn
EXPRESS

1848 South Jackson
Jacksonville, TX 75766-5800
903/589-8500
Fax: 903/589-0800

Name & Address

KARIM JULES
10201 MAIN ST
XX

HOUSTON TX 77025

Room	201/11
Arrive Date	06/05/00
Dept. Date	06/06/00
Folio #	6378
Room Rate	$ 59.00
Account	3-STAGE
Mkt/Seg	4-LCR
	CRR

Page 1

Independently owned and operated by Shivani Lodging Host LLC.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE Rapid Check-Out℠

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
0605	412	84	XXX	1-281-463-8732	2.31	.00	2.31
0605	412	96	XXX	1-281-498-7033	2.75	.00	5.06
0605	114	0605000	CRR	DISCOUNT ROOM	59.00	.00	64.06
0605	811	0605001	CRR	STATE TAX	3.54	.00	67.60
0605	812	0605002	CRR	CITY TAX	4.13	.00	71.73
0606	412	4	XXX	1-281-498-7033	58.39	.00	130.12
0606	914	0606000	SAK	MASTERCARD	.00	-63.45	66.67
				TOTAL			$ 66.67

Holiday Inn EXPRESS

ACCT. NO.

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT

Holiday Inn EXPRESS

CARD MEMBER'S SIGNATURE.

X

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE REFUNDED

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION	I.D.
PURCHASES & SERVICES	
TOTAL AMOUNT	

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Holiday Inn
EXPRESS

1848 South Jackson
Jacksonville, TX 75766-5800
903/589-8500
Fax: 903/589-0800

Name & Address

KELLY LEE
10201 MAIN ST
XX

HOUSTON TX 77025

Room	119/11
Arrive Date	06/05/00
Dept. Date	06/06/00
Folio #	6379
Room Rate	$ 59.00
Account	3-STAGE
Mkt/Seg	4-LCR

SAK Page 1

Independently owned and operated by Shivani Lodging Host LLC.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE Rapid Check-Out℠

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
0605	412	80	XXX	1-832-265-7522	1.43	.00	1.43
0605	114	0605000	CRR	DISCOUNT ROOM	59.00	.00	60.43
0605	811	0605001	CRR	STATE TAX	3.54	.00	63.97
0605	812	0605002	CRR	CITY TAX	4.13	.00	68.10
0606	911	0606000	SAK	CASH PAYMENT	.00	-1.43	66.67
				TOTAL			$ 66.67

Holiday Inn EXPRESS

ACCT. NO.

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT

Holiday Inn EXPRESS

CARD MEMBER'S SIGNATURE

X

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE SUBJECT TO SET OFF OR COUNTERCLAIM

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION	I.D.
PURCHASES & SERVICES	
TOTAL AMOUNT	

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ACCOUNTS RECEIVABLE MASTER MAINTENANCE

ACCOUNT NO. : STAGE
1. TYPE ACCT : D
2. TYPE BILL : 3
3. NAME Code B: STAGE STORES INC
4. ADDRESS : 10201 MAIN STREET
5. ADDRESS : ATTN RUBY KING
6. CITY : HOUSTON STATE: TX ZIP: 77025
7. TELEPHONE : 713-663-9515 APPROVED CREDIT: Y ACTIVE TO POST: Y
8. ON FILE SINCE: 080399
9. LAST POSTING : 053100
10. LAST INVOICE : 060400 Balance: 1333.40
11. LAST PAYMENT : 052100
12. INTEREST CODE: 0

NOT BILLED :	.00	OVER 90 :	.00
CURRENT :	1333.40	OVER 120:	.00
OVER 30 :	.00		
OVER 60 :	.00	TOTAL :	1333.40

INVOICE	CT	DATE	AGE	DESCRIPTION	INITIAL
1086	0	101999	0	WORK	66.67
1086			0	*TOTAL	66.67*
1342	0	042300	0	KINZER	66.67
1342			0	*TOTAL	66.67*
1348	0	042800	0	LAUTERBACH	333.35
1348			0	*TOTAL	333.35*
1349	0	042800	0	XFERTOSTATE	-333.35
1349			0	*TOTAL	-333.35*
1355	0	043000	0	VANDIVERE	66.67
1355			0	*TOTAL	66.67*
1356	0	043000	0	VANDIVERE	66.67
1356			0	*TOTAL	66.67*
1394	0	052500	0	GEHLING	400.02
1394			0	*TOTAL	400.02*
1419	0	053000	0	GEHLING	466.69
1419			0	*TOTAL	466.69*
1423	0	060400	0	GEHLING	200.01 } BILLED
1423			0	*TOTAL	200.01*

TOTAL INVOICES 1333.40**

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Holiday Inn
EXPRESS

1848 South Jackson
Jacksonville, TX 75766-5800
903/589-8500
Fax: 903/589-0800

Name & Address

MARK GEHLING
STAGE STORES
1105 MISTY WOOD

ALLEN TX 75002

Room	218/11
Arrive Date	05/28/00
Dept. Date	06/15/00
Folio #	6219
Room Rate	$ 59.00
Account	3-STAGE
Mkt/Seg	4-LCR
	DJC

Page 1

Independently owned and operated by Shivani Lodging Host LLC.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

Rapid Check-Out℠

SIGNATURE

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
0528	114	0528000	ROM	DISCOUNT ROOM	59.00	.00	59.00
0528	811	0528001	ROM	STATE TAX	3.54	.00	62.54
0528	812	0528002	ROM	CITY TAX	4.13	.00	66.67
0529	114	0529000	CRR	DISCOUNT ROOM	59.00	.00	125.67
0529	811	0529001	CRR	STATE TAX	3.54	.00	129.21
0529	812	0529002	CRR	CITY TAX	4.13	.00	133.34
0530	114	0530000	CRR	DISCOUNT ROOM	59.00	.00	192.34
0530	811	0530001	CRR	STATE TAX	3.54	.00	195.88
0530	812	0530002	CRR	CITY TAX	4.13	.00	200.01

TOTAL $ 200.01

Holiday Inn EXPRESS

ACCT. NO.

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT

Holiday Inn EXPRESS

CARD MEMBER'S SIGNATURE

X S.O.F.

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION	I.D.
PURCHASES & SERVICES	
TOTAL AMOUNT	

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ACCOUNTS RECEIVABLE MASTER MAINTENANCE

ACCOUNT NO. : STAGE
1. TYPE ACCT : D
2. TYPE BILL : 3
3. NAME Code B: STAGE STORES INC
4. ADDRESS : 10201 MAIN STREET
5. ADDRESS : ATTN RUBY KING
6. CITY : HOUSTON STATE: TX ZIP: 77025
7. TELEPHONE : 713-663-9515 APPROVED CREDIT: Y ACTIVE TO POST: Y
8. ON FILE SINCE: 080399
9. LAST POSTING : 052800
10. LAST INVOICE : 053000 Balance: 1133.39
11. LAST PAYMENT : 052100
12. INTEREST CODE: 0

NOT BILLED :	.00	OVER 90 :	.00
CURRENT :	1133.39	OVER 120:	.00
OVER 30 :	.00		
OVER 60 :	.00	TOTAL :	1133.39

INVOICE	CT	DATE	AGE	DESCRIPTION	INITIAL
1086	0	101999	0	WORK	66.67
1086			0	*TOTAL	66.67*
1342	0	042300	0	KINZER	66.67
1342			0	*TOTAL	66.67*
1348	0	042800	0	LAUTERBACH	333.35
1348			0	*TOTAL	333.35*
1349	0	042800	0	XFERTOSTATE	-333.35
1349			0	*TOTAL	-333.35*
1355	0	043000	0	VANDIVERE	66.67
1355			0	*TOTAL	66.67*
1356	0	043000	0	VANDIVERE	66.67
1356			0	*TOTAL	66.67*
1394	0	052500	0	GEHLING	400.02
1394			0	*TOTAL	400.02*
1419	0	053000	0	GEHLING	466.69
1419			0	*TOTAL	466.69*

} BILLED

TOTAL INVOICES 1133.39**

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Holiday Inn EXPRESS

1848 South Jackson
Jacksonville, TX 75766-5800
903/589-8500
Fax: 903/589-0800

Name & Address

MARK GEHLING
STAGE STORES
1105 MISTY WOOD

ALLEN TX 75002

Room	218/11
Arrive Date	05/21/00
Dept. Date	06/15/00
Folio #	6182
Room Rate	$ 59.00
Account	3-STAGE
Mkt/Seg	4-LCR

CRR Page 1

Independently owned and operated by Shivani Lodging Host LLC.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

Rapid Check-Out℠

SIGNATURE

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
0521	114	0521000	ROM	DISCOUNT ROOM	59.00	.00	59.00
0521	811	0521001	ROM	STATE TAX	3.54	.00	62.54
0521	812	0521002	ROM	CITY TAX	4.13	.00	66.67
0522	114	0522000	CRR	DISCOUNT ROOM	59.00	.00	125.67
0522	811	0522001	CRR	STATE TAX	3.54	.00	129.21
0522	812	0522002	CRR	CITY TAX	4.13	.00	133.34
0523	114	0523000	CRR	DISCOUNT ROOM	59.00	.00	192.34
0523	811	0523001	CRR	STATE TAX	3.54	.00	195.88
0523	812	0523002	CRR	CITY TAX	4.13	.00	200.01
0524	114	0524000	CRR	DISCOUNT ROOM	59.00	.00	259.01
0524	811	0524001	CRR	STATE TAX	3.54	.00	262.55
0524	812	0524002	CRR	CITY TAX	4.13	.00	266.68
0525	114	0525000	ROM	DISCOUNT ROOM	59.00	.00	325.68
0525	811	0525001	ROM	STATE TAX	3.54	.00	329.22
0525	812	0525002	ROM	CITY TAX	4.13	.00	333.35
0526	114	0526000	ROM	DISCOUNT ROOM	59.00	.00	392.35
0526	811	0526001	ROM	STATE TAX	3.54	.00	395.89
0526	812	0526002	ROM	CITY TAX	4.13	.00	400.02
0527	114	0527000	ROM	DISCOUNT ROOM	59.00	.00	459.02
0527	811	0527001	ROM	STATE TAX	3.54	.00	462.56
0527	812	0527002	ROM	CITY TAX	4.13	.00	466.69
				TOTAL			$ 466.69

ACCT. NO.

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT

Holiday Inn EXPRESS

CARD MEMBER'S SIGNATURE

X

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION	I.D.
PURCHASES & SERVICES	
TOTAL AMOUNT	

AMERICAN HOTEL REGISTER CO., VERNON, IL 60061 • ORDER TOLL FREE 1-800-323-5888 • FORM# 3-8135C

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ACCOUNTS RECEIVABLE MASTER MAINTENANCE

ACCOUNT NO. : STAGE
1. TYPE ACCT : D
2. TYPE BILL : 3
3. NAME Code B: STAGE STORES INC
4. ADDRESS : 10201 MAIN STREET
5. ADDRESS : ATTN RUBY KING
6. CITY : HOUSTON STATE: TX ZIP: 77025
7. TELEPHONE : 713-663-9515 APPROVED CREDIT: Y ACTIVE TO POST: Y
8. ON FILE SINCE: 080399
9. LAST POSTING : 052100
10. LAST INVOICE : 052500 Balance: 666.70
11. LAST PAYMENT : 052100
12. INTEREST CODE: 0

NOT BILLED :	.00	OVER 90 :	.00
CURRENT :	666.70	OVER 120:	.00
OVER 30 :	.00		
OVER 60 :	.00	TOTAL :	666.70

INVOICE	CT	DATE	AGE	DESCRIPTION	INITIAL
1086	0	101999	0	WORK	66.67
1086			0	*TOTAL	66.67*
1342	0	042300	0	KINZER	66.67
1342			0	*TOTAL	66.67*
1348	0	042800	0	LAUTERBACH	333.35
1348			0	*TOTAL	333.35*
1349	0	042800	0	XFERTOSTATE	-333.35
1349			0	*TOTAL	-333.35*
1355	0	043000	0	VANDIVERE	66.67
1355			0	*TOTAL	66.67*
1356	0	043000	0	VANDIVERE	66.67
1356			0	*TOTAL	66.67*
1394	0	052500	0	GEHLING	400.02 } BILLED
1394			0	*TOTAL	400.02*

TOTAL INVOICES 666.70**

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Holiday Inn
EXPRESS

1848 South Jackson
Jacksonville, TX 75766-5800
903/589-8500
Fax: 903/589-0800

Name & Address

MARK GEHLING
STAGE STORES
10201 MAIN ST

HOUSTON TX 77025

Room	218/11
Arrive Date	05/15/00
Dept. Date	06/15/00
Folio #	5998
Room Rate	$ 59.00
Account	3-STAGE
Mkt/Seg	4-LCR

DJC Page 1

Independently owned and operated by Shivani Lodging Host LLC.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

Rapid Check-Out℠

SIGNATURE

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
0515	114	0515000	CRR	DISCOUNT ROOM	59.00	.00	59.00
0515	811	0515001	CRR	STATE TAX	3.54	.00	62.54
0515	812	0515002	CRR	CITY TAX	4.13	.00	66.67
0516	114	0516000	CRR	DISCOUNT ROOM	59.00	.00	125.67
0516	811	0516001	CRR	STATE TAX	3.54	.00	129.21
0516	812	0516002	CRR	CITY TAX	4.13	.00	133.34
0517	114	0517000	CRR	DISCOUNT ROOM	59.00	.00	192.34
0517	811	0517001	CRR	STATE TAX	3.54	.00	195.88
0517	812	0517002	CRR	CITY TAX	4.13	.00	200.01
0518	114	0518000	ROM	DISCOUNT ROOM	59.00	.00	259.01
0518	811	0518001	ROM	STATE TAX	3.54	.00	262.55
0518	812	0518002	ROM	CITY TAX	4.13	.00	266.68
0519	114	0519000	ROM	DISCOUNT ROOM	59.00	.00	325.68
0519	811	0519001	ROM	STATE TAX	3.54	.00	329.22
0519	812	0519002	ROM	CITY TAX	4.13	.00	333.35
0520	114	0520000	ROM	DISCOUNT ROOM	59.00	.00	392.35
0520	811	0520001	ROM	STATE TAX	3.54	.00	395.89
0520	812	0520002	ROM	CITY TAX	4.13	.00	400.02
				TOTAL			$ 400.02

ACCT. NO.

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT

Holiday Inn EXPRESS

CARD MEMBER'S SIGNATURE

X

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

DATE OF CHARGE

FOLIO NO./CHECK NO.

AUTHORIZATION

I.D.

PURCHASES & SERVICES

TOTAL AMOUNT

AMERICAN HOTEL REGISTER CO., VERNON, IL 60061 • ORDER TOLL FREE 1-800-323-5686 • FORM# 3-5165C

ClibPDF - www.fastio.com

ACCOUNTS RECEIVABLE MASTER MAINTENANCE

ACCOUNT NO. : STAGE
1. TYPE ACCT : D
2. TYPE BILL : 3
3. NAME Code B: STAGE STORES INC
4. ADDRESS : 10201 MAIN STREET
5. ADDRESS : ATTN RUBY KING
6. CITY : HOUSTON STATE: TX ZIP: 77025
7. TELEPHONE : 713-663-9515 APPROVED CREDIT: Y ACTIVE TO POST: Y
8. ON FILE SINCE: 080399
9. LAST POSTING : 042800
10. LAST INVOICE : 043000 Balance: 400.02
11. LAST PAYMENT : 042700
12. INTEREST CODE: 0

NOT BILLED :	.00	OVER 90 :	.00
CURRENT :	400.02	OVER 120:	.00
OVER 30 :	.00		
OVER 60 :	.00	TOTAL :	400.02

INVOICE	CT	DATE	AGE	DESCRIPTION	INITIAL
1086	0	101999	0	WORK	66.67
1086			0	*TOTAL	66.67*
1321	0	040900	0	ARGALL	66.67
1321			0	*TOTAL	66.67*
1322	0	040900	0	LOVE	66.67
1322			0	*TOTAL	66.67*
1342	0	042300	0	KINZER	66.67
1342			0	*TOTAL	66.67*
1348	0	042800	0	LAUTERBACH	333.35
1348			0	*TOTAL	333.35*
1349	0	042800	0	XFERTOSTATE	-333.35
1349			0	*TOTAL	-333.35*
1355	0	043000	0	VANDIVERE	66.67
1355			0	*TOTAL	66.67*
1356	0	043000	0	VANDIVERE	66.67
1356			0	*TOTAL	66.67*

TOTAL INVOICES 400.02**

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Holiday Inn
EXPRESS

1848 South Jackson
Jacksonville, TX 75766-5800
903/589-8500
Fax: 903/589-0800

Name & Address

BRIAN VANDIVERE
STAGE STORES
21330 ALDINE WESTFIELD 10

HUMBLE TX 77338

Room	207/11
Arrive Date	04/28/00
Dept. Date	04/28/00
Folio #	5458
Room Rate	$ 59.00
Account	3-STAGE
Mkt/Seg	4-LCR
	CRR

Page 1

Independently owned and operated by Shivani Lodging Host LLC.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

Rapid Check-Out℠

SIGNATURE

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
0428	111	0428000	ROM	GUEST ROOM	59.00	.00	59.00
0428	811	0428001	ROM	STATE TAX	3.54	.00	62.54
0428	812	0428002	ROM	CITY TAX	4.13	.00	66.67
				TOTAL			$ 66.67

Holiday Inn
EXPRESS

ACCT. NO.

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT

Holiday Inn
EXPRESS

CARD MEMBER'S SIGNATURE
X

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION	I.D.
PURCHASES & SERVICES	
TOTAL AMOUNT	

AMERICAN HOTEL REGISTER CO., VERNON, IL 60061 • ORDER TOLL FREE 1-800-323-5686 • FORM# 3-5165C

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Holiday Inn
EXPRESS

1848 South Jackson
Jacksonville, TX 75766-5800
903/589-8500
Fax: 903/589-0800

Name & Address

CHRIS VANDIVERE
STAGE STORES
21330 ALDINE WESTFIELD 10

HUMBLE TX 77338

Room	209/11
Arrive Date	04/28/00
Dept. Date	04/28/00
Folio #	5459
Room Rate	$ 59.00
Account	3-STAGE
Mkt/Seg	4-LCR
	CRR

Page 1

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Rapid Check-Out℠

SIGNATURE

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X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
0428	111	0428000	ROM	GUEST ROOM	59.00	.00	59.00
0428	B11	0428001	ROM	STATE TAX	3.54	.00	62.54
0428	B12	0428002	ROM	CITY TAX	4.13	.00	66.67
				TOTAL			$ 66.67

Holiday Inn
EXPRESS

ACCT. NO.

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT

Holiday Inn
EXPRESS

CARD MEMBER'S SIGNATURE

X

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION	I.D.
PURCHASES & SERVICES	
TOTAL AMOUNT	

AMERICAN HOTEL REGISTER CO., VERNON, IL 60061 • ORDER TOLL FREE 1-800-323-5686 • FORM# 3-5155C

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INVOICE	CT	DATE	AGE	DESCRIPTION	INITIAL
1342	0	042300	0	KINZER	66.67
1342			0	*TOTAL	66.67*

Billed

TOTAL INVOICES 2061.00**

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ACCOUNTS RECEIVABLE MASTER MAINTENANCE

ACCOUNT NO. : STAGE
1. TYPE ACCT : D
2. TYPE BILL : 3
3. NAME Code B: STAGE STORES INC
4. ADDRESS : 10201 MAIN STREET
5. ADDRESS : ATTN RUBY KING
6. CITY : HOUSTON STATE: TX ZIP: 77025
7. TELEPHONE : 713-663-9515 APPROVED CREDIT: Y ACTIVE TO POST: Y
8. ON FILE SINCE: 080399
9. LAST POSTING : 041800
10. LAST INVOICE : 042300 Balance: 2061.00
11. LAST PAYMENT : 041800
12. INTEREST CODE: 0

NOT BILLED :	.00	OVER 90 :	.00
CURRENT :	2061.00	OVER 120:	.00
OVER 30 :	.00		
OVER 60 :	.00	TOTAL :	2061.00

INVOICE	CT	DATE	AGE	DESCRIPTION	INITIAL
1086	0	101999	0	WORK	66.67
1086			0	*TOTAL	66.67*
1287	0	030500	0	URBINA	369.81
1287			0	*TOTAL	369.81*
1288	0	030500	0	BAILEY	359.39
1288			0	*TOTAL	359.39*
1289	0	030500	0	THACKERAY	344.23
1289			0	*TOTAL	344.23*
1290	0	030500	0	GARCIA	454.21
1290			0	*TOTAL	454.21*
1297	0	031900	0	PFEIFER	66.67
1297			0	*TOTAL	66.67*
1302	0	032600	0	EMMITTE	200.01
1302			0	*TOTAL	200.01*
1321	0	040900	0	ARGALL	66.67
1321			0	*TOTAL	66.67*
1322	0	040900	0	LOVE	66.67
1322			0	*TOTAL	66.67*

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Holiday Inn
EXPRESS

1848 South Jackson
Jacksonville, TX 75766-5800
903/589-8500
Fax: 903/589-0800

Name & Address

MARIA KINZER
10201 S MAIN
STAGE STORES

HOUSTON TX 77025

Room	226/11
Arrive Date	04/17/00
Dept. Date	04/18/00
Folio #	5226
Room Rate	$ 59.00
Account	3-STAGE
Mkt/Seg	4-LCR
	CRR

Independently owned and operated by Shivani Lodging Host LLC.

I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE Rapid Check-Out™

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
0417	114	0417000	CRR	DISCOUNT ROOM	59.00	.00	59.00
0417	B11	0417001	CRR	STATE TAX	3.54	.00	62.54
0417	B12	0417002	CRR	CITY TAX	4.13	.00	66.67
				TOTAL			$ 66.67

Holiday Inn EXPRESS

ACCT. NO.

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT

Holiday Inn EXPRESS

CARD MEMBER'S SIGNATURE

X

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION	I.D.
PURCHASES & SERVICES	
TOTAL AMOUNT	

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INVOICE	CT	DATE	AGE	DESCRIPTION	INITIAL	
1069	0	100599	0	VANDIVERE	66.67	
1069			0	*TOTAL	66.67*	
1070	0	100599	0	SCHWARTZMAN	66.67	
1070			0	*TOTAL	66.67*	
1071	0	100599	0	TAYLOR	66.67	
1071			0	*TOTAL	66.67*	
1084	0	101999	0	HUGHES	66.67 ✓	PD ck# 636727
1084			0	*TOTAL	66.67*	
1085	0	101999	0	WHETFULL	66.67 ✓	PD ck# 636727
1085			0	*TOTAL	66.67*	
1086	0	101999	0	WORK	66.67 *	NOT PAID.
1086			0	*TOTAL	66.67*	
1087	0	101999	0	HOLDER	66.67 ✓	PD ck# 636727
1087			0	*TOTAL	66.67*	
1088	0	101999	0	WORK	66.67 ✓	PD ck# 636727
1088			0	*TOTAL	66.67*	

TOTAL INVOICES $333.35 1361.62**

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Date Billed
$333.35
P.T.O.

ACCOUNTS RECEIVABLE MASTER MAINTENANCE

ACCOUNT NO. : STAGE
1. TYPE ACCT : D
2. TYPE BILL : 3
3. NAME Code B: STAGE STORES INC
4. ADDRESS : 10201 MAIN STREET
5. ADDRESS : ATTN RUBY KING
6. CITY : HOUSTON STATE: TX ZIP: 77025
7. TELEPHONE : 713-663-9515 APPROVED CREDIT: Y ACTIVE TO POST: Y
8. ON FILE SINCE: 080399
9. LAST POSTING : 101399
10. LAST INVOICE : 101999 Balance: 1361.62
11. LAST PAYMENT : 000000
12. INTEREST CODE: 0

NOT BILLED :	.00	OVER 90 :	.00
CURRENT :	1361.62	OVER 120:	.00
OVER 30 :	.00		
OVER 60 :	.00	TOTAL :	1361.62

INVOICE	CT	DATE	AGE	DESCRIPTION	INITIAL
1037	0	091399	0	JOHNSON	88.11
1037			0	*TOTAL	88.11*
1038	0	091399	0	PFIEFFER	73.45
1038			0	*TOTAL	73.45*
1048	0	091999	0	WORK	200.01
1048			0	*TOTAL	200.01*
1049	0	091999	0	HOLDER	66.67
1049			0	*TOTAL	66.67*
1050	0	091999	0	ARGALL	66.67
1050			0	*TOTAL	66.67*
1051	0	091999	0	MARTIN	133.34
1051			0	*TOTAL	133.34*
1062	0	092999	0	ARGALL	66.67
1062			0	*TOTAL	66.67*
1063	0	093099	0	VANDIVERE	66.67
1063			0	*TOTAL	66.67*
1068	0	100599	0	KAUFFMAN	66.67
1068			0	*TOTAL	66.67*

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Holiday Inn
EXPRESS

1848 South Jackson
Jacksonville, TX 75766-5800
903/589-8500
Fax: 903/589-0800

Guest Address

BRUCE WORK
XXXX
XXX

HOUSTON TX

Room	210/11
Arrive Date	10/12/99
Dept. Date	10/13/99
Folio #	1620
Room Rate	$ 59.00
Account	3 STAGE
Mkt/Seg	4-GRT

PGW Page 1

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I authorize you to bill the full balance of my account to my credit card which was presented upon registration.

SIGNATURE Express Check-Out

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X
SIGNATURE

DATE	CODE	REFERENCE	ID	DESCRIPTION	CHARGE	PAYMENT	BALANCE
1012	114	1012000	ROM	DISCOUNT ROOM	59.00	.00	59.00
1012	811	1012001	ROM	STATE TAX	3.54	.00	62.54
1012	812	1012002	ROM	CITY TAX	4.13	.00	66.67
				TOTAL			$ 66.67

Holiday Inn
EXPRESS

AMERICAN HOTEL REGISTER CO.,NORTHBROOK, IL 60062 • ORDER TOLL FREE 1-800-323-5686 • FORM# 3-5165C

ACCT. NO.

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT

CARD MEMBER'S SIGNATURE
X S.O.F.

MERCHANDISE AND OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION	I.D.
PURCHASES & SERVICES	
TOTAL AMOUNT	

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