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

United States Bankruptcy Court
6128, Houston TX 77208

SOUTHERN DISTRICT OF TEXAS P.O.Box
(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 JUN 28 REC'D

00-35078-H2-11
00-35079-H2-11
00-35080-H2-11

Creditor ID#: 788-47199

United States Bankruptcy Court
Southern District of Texas
FILED

JUL 20 2000

Michael N. Milby, Clerk

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

Night Magic 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**3-DIGIT 100
Night Magic Inc.
180 Madison Ave Ste 1201
New York NY 10016-5267

__ **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

X 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:

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 103053.60

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

303

Date 7/17/00

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):

ALMA MOSS, CONTROLLER

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

INVOICE

041215 DATE: 04/28/00

JOCKEY SLEEPWEAR AND ROBES
400 NORTH OAK STREET
INGLEWOOD CA 90302
TEL: (310)677-9640
FAX: (310)677-9691
E-MAIL: ACINYCITY@AOL.COM

*** PLEASE REMIT PAYMENT TO ***
APPAREL CONCEPT INTERNATIONAL
400 NORTH OAK STREET

INGLEWOOD CA 90302

DUNS# 958390940

SOLD TO

HOLIDAY JOCKEY

SRI SPECIALTY RETAILERS
P.O. BOX 20768
HOUSTON TX 77225-0768

SHIP TO

STORE#: 00601
SRI SPECIALTY RETAILERS
C/O JACKSONVILLE DISTRO. C
506 BEALLS BLVD.
JACKSONVILLE TX 75766

ACCOUNT NO.	CUSTOMER PO NO.	DEPT.	TERMS	REP	REP	SHIP VIA	ORDER NO.	APPROVAL NO.
SRIXX	10016108	425	8/10 EOM	DEN		VIKING	021545-1	

STYLE NO.	COLOR		TOTAL UNITS	UNIT PRICE	AMOUNT
SIZES	=>	SML MED LRG XLG			
72010	M215	CAMISOLE SEVILLSTRP 564 564 282 282	169 2	5.40	9136.80
73001	M215	V NECK TEE SEVILLSTRP 282 564 564 282	169 2	6.26	10591.92
73001	WIST	V NECK TEE WISTERIA SOLID 264 528 528 264	158 4	6.26	9915.84
73010	CELA	V NECK SLEEP SHIRT CELADON SOLID 282 564 564 282	169 2	9.54	16141.68
76001	CELA	BOXER CELADON SOLID 282 564 564 282	169 2	5.40	9136.80
76001	WIST	BOXER WISTERIA SOLID 282 564 564 282	169 2	5.40	9136.80
78001	WIST	PANT WISTERIA SOLID 258 516 516 258	154 8	7.92	12260.16
J00002	WIPR	CHEMISE WISTERIA PRINT 282 564 564 282	169 2	9.45	15989.40

C O N T I N U E D ...

PACK LIST NO.	DATE SHIP	NO. CTNS	WEIGHT	START DATE	COMP. DATE	INVOICE NO.	PAY THIS AMOUNT	
042840	04/28/00	***	*****	04/27/00	05/01/00	041215		****,***.**

- Discount not allowed unless Invoice paid on time
- No Discount on Freight
- No Anticipation Allowed
- All Claims must be made within 5 days after receipt of goods.
- Merchandise returns will not be accepted without written consent.
- All goods shipped at purchaser's risk

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INVOICE

041215 DATE: 04/28/00

JOCKEY SLEEPWEAR AND ROBES
400 NORTH OAK STREET
INGLEWOOD CA 90302
TEL: (310)677-9640
FAX: (310)677-9691
E-MAIL: ACINYCITY@AOL.COM

*** PLEASE REMIT PAYMENT TO ***
APPAREL CONCEPT INTERNATIONAL
400 NORTH OAK STREET

INGLEWOOD CA 90302

DUNS# 958390940

HOLIDAY JOCKEY

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SRI SPECIALTY RETAILERS
P.O. BOX 20768
HOUSTON TX 77225-0768

SHIP TO

STORE#: 00601
SRI SPECIALTY RETAILERS
C/O JACKSONVILLE DISTRO. C
506 BEALLS BLVD.
JACKSONVILLE TX 75766

ACCOUNT NO.	CUSTOMER PO NO.	DEPT.	TERMS	REP	REP	SHIP VIA	ORDER NO.	APPROVAL NO.
SRIXX	10016108	425	8/10 EOM	DEN		VIKING	021545-1	

STYLE NO.	COLOR		TOTAL UNITS	UNIT PRICE	AMOUNT
SIZES =>		SML MED LRG XLG			
J00007	WIPR	TANK TOP WISTERIA PRINT	1692	6.35	10744.20
		282 564 564 282			
		TOTAL - M E R C H A N D I S E	14976		103053.60

PACK LIST NO.	DATE SHIP	NO. CTNS	WEIGHT	START DATE	COMP. DATE	INVOICE NO.	PAY THIS AMOUNT
042840	04/28/00	317	9862	04/27/00	05/01/00	041215	103053.60

- Discount not allowed unless Invoice paid on time
- No Discount on Freight
- No Anticipation Allowed
- All Claims must be made within 5 days after receipt of goods.
- Merchandise returns will not be accepted without written consent.
- All goods shipped at purchaser's risk

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858308 / 0396910V

ADAMS BUSINESS FORMS
9013 (3-PART FORM)

UNIFORM STRAIGHT BILL OF LADING Original—Not Negotiable—Domestic

A.C.I.
400 N. OAK ST
INGLEWOOD, CA. 90302
(310) 677-9640

Carrier PRO-TRAN

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading.

at 5-4-00 from

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned and destined as shown below, which said company (the word company being understood throughout this contract) agrees to carry to its usual place of delivery at said destination, if on its own railroad, water line, highway route or routes, or within the territory of its highway operations, otherwise to deliver to another carrier on the route to said destination, it is agreed as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

(Mail or street address of consignee—For purposes of notification only.)

Consigned to SRI SPECIALTY RETAILERS c/o Jacksonville DISTRO. CTR.

Destination 506 BEALLS BLVD. State of TX Zip Code 75766 County of

Routing JACKSONVILLE Delivering Carrier Vehicle or Car Initial No.

Collect On Delivery
$ and remit to:
Street City State

No. Packages	Description of Articles, Special Marks, and Exceptions	*Weight (Sub. to Cor.)	Class or Rate	Check Column
152	P.O# 10016108 DEPT # 425 STORE # 601 clothing *collect*	5,783 LBS		

C. O. D. charge to be paid by { Shipper ☐ Consignee ☐

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statements:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor.)

If charges are to be prepaid, write or stamp here, "TO BE PREPAID."

Received $ to apply to prepayment of the charges on the property described hereon.

Agent or Cashier

Per
(the signature here acknowledges only the amount Prepaid.)

Charges Advanced:

$

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

per 152 PCS 5/4/00

Shipper, Per Agent, Per

Permanent post-office address of shipper.

(This Bill of Lading is to be signed by the shipper and agent of the carrier issuing same.)

Bill of Lading

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P I C K I N G T I C K E T

TICKET: 042840 04/28/00
ORDER : 021545 04/27 05/01

JOCKEY SLEEPWEAR AND ROBES
400 NORTH OAK STREET
INGLEWOOD CA 90302
TEL: (310)677-9640
FAX: (310)677-9691
E-MAIL: ACINYCITY@AOL.COM

04/28/00
10:40:42

.....SOLD TO .....
SRIXX
SRI SPECIALTY RETAILERS
P.O. BOX 20768
HOUSTON TX 77225-0768

INVOICED
41215
(complete)

.....SHIP TO .....
STORE#: 00601
SRI SPECIALTY RETAILERS
C/O JACKSONVILLE DISTRO. CTR.
506 BEALLS BLVD.
JACKSONVILLE TX 75766

SHIPVIA	SEASON	SPCL INSTRUCTIONS	STORE#	DEPT#	PURCH ORDER
VIKING	HOLIDAY		00601	425	10016108

G	STYLE	CLR	DESCRIPTION						PRICE	AMOUNT
	72010		M215 CAMISOLE SEVIL STRP CLASSICS							
		SML	MED	LRG	XLG					
	ORDR:	564	564	282	282	0	0	0	0	1692
	PICK:									1692
	73001		M215 V NECK TEE SEVIL STRP CLASSICS							
		SML	MED	LRG	XLG					
	ORDR:	282	564	564	282	0	0	0	0	1692
	PICK:									1692
	73001		WIST V NECK TEE WISTERIA SOLID							
		SML	MED	LRG	XLG					
	ORDR:	264	528	528	264	0	0	0	0	1584
	PICK:									1584
	73010		CELA V NECK SLEEP SHIRT CELADON SOLID							
		SML	MED	LRG	XLG					
	ORDR:	282	564	564	282	0	0	0	0	1692
	PICK:									1692
	76001		CELA BOXER CELADON SOLID							
		SML	MED	LRG	XLG					
	ORDR:	282	564	564	282	0	0	0	0	1692
	PICK:									1686
	76001		WIST BOXER WISTERIA SOLID							
		SML	MED	LRG	XLG					
	ORDR:	282	564	564	282	0	0	0	0	1692
	PICK:									1692

4/28

TOTAL PIECES TO PICK CONTINUED.NEXT PAGE ... 10044

BILL OF LADING	# CARTONS	WEIGHT	PICKED BY	PACKED BY	SHIPPED VIA
	152	5783			VIKING

MERCHANDISE	FREIGHT	INSUR	OTHER CHGS	TERMS	COMMENTS:
$ ******.**	$	$	$	8/10 EOM	

P I C K I N G T I C K E T

TICKET: 042840 04/28/00
ORDER : 021545 04/27 05/01

JOCKEY SLEEPWEAR AND ROBES
400 NORTH OAK STREET
INGLEWOOD CA 90302
TEL: (310)677-9640
FAX: (310)677-9691
E-MAIL: ACINYCITY@AOL.COM

04/28/00
10:40:42

.....SOLD TO .....
SRIXX
SRI SPECIALTY RETAILERS
P.O. BOX 20768
HOUSTON TX 77225-0768

.....SHIP TO .....
STORE#: 00601
SRI SPECIALTY RETAILERS
C/O JACKSONVILLE DISTRO. CTR.
506 BEALLS BLVD.
JACKSONVILLE TX 75766

SHIPVIA	SEASON	SPCL INSTRUCTIONS	STORE#	DEPT#	PURCH ORDER
VIKING	HOLIDAY		00601	425	10016108

G	STYLE	CLR	DESCRIPTION						PRICE	AMOUNT
	78001		WIST PANT WISTERIA SOLID							
		SML	MED	LRG	XLG					
	ORDR:	258	516	516	258	0	0	0	0	1548
	PICK:									1518
	J00002		WIPR CHEMISE WISTERIA PRINT							
		SML	MED	LRG	XLG					
	ORDR:	282	564	564	282	0	0	0	0	1692
	PICK:									1692
	J00007		WIPR TANK TOP WISTERIA PRINT							
		SML	MED	LRG	XLG					
	ORDR:	282	564	564	282	0	0	0	0	1692
	PICK:									1692

TOTAL PIECES TO PICK 4932

BILL OF LADING	# CARTONS	WEIGHT	PICKED BY	PACKED BY	SHIPPED VIA
	317.				VIKING
MERCHANDISE	**FREIGHT**	**INSUR**	**OTHER CHGS**	**TERMS**	**COMMENTS:**
$ 103053.60	$	$	$	8/10 EOM	

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