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

____**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#: 788-25276

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

IN STEP THERAPY

__ **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 785
IN STEP THERAPY
601 E Nolana St Ste A
McAllen TX 78504-2510

__**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 1 0 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
__ 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: 4/5/00 - 6/2/00

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 4,560.00
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 6/28/00

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):
Gloria C Perez
Business Office 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.

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In Step Therapy

06/28/2000 Statement

601-A E. Nolana
McAllen, TX 78504

(956)792-1747 ID # 74-2863345

Account # REYREN
Patient REYNALDO REYNA
Address 1806 LAUREL OAK WAY
EDINBURG, TX 78539
Phone (956)380-4462
Provider Fergus Dowling
Referral M.D. MIGUEL A. HERNANDEZ
Injury Date 02/08/2000

Diagnosis:
836.2 TEAR MENISCUS NEC-CURREN

STAGE STORES
10201 MAIN ST.
HOUSTON, TX 77025

Date	CPT	Name	Charge Amount	Insurance Amount	Patient Payment	Patient Credit	Insurance Payment	Insurance Credit	Open Balance
04/20/2000	97110	THERAPEUTIC EXERCISES (0-15MIN)	100.00	100.00	-	-	-	-	100.00
05/03/2000	97530	KINETIC ACTIVITIES-(0-15min)	100.00	100.00	-	-	-	-	100.00
05/03/2000	97110	THERAPEUTIC EXERCISES (0-15MIN)	100.00	100.00	-	-	-	-	100.00
05/04/2000	97530	KINETIC ACTIVITIES-(0-15min)	100.00	100.00	-	-	-	-	100.00
05/04/2000	97110	THERAPEUTIC EXERCISES (0-15MIN)	100.00	100.00	-	-	-	-	100.00
05/05/2000	97530	KINETIC ACTIVITIES-(0-15min)	100.00	100.00	-	-	-	-	100.00
05/05/2000	97110	THERAPEUTIC EXERCISES (0-15MIN)	100.00	100.00	-	-	-	-	100.00
05/08/2000	97530	KINETIC ACTIVITIES-(0-15min)	100.00	100.00	-	-	-	-	100.00
05/08/2000	97110	THERAPEUTIC EXERCISES (0-15MIN)	100.00	100.00	-	-	-	-	100.00
05/10/2000	97530	KINETIC ACTIVITIES-(0-15min)	100.00	100.00	-	-	-	-	100.00
05/10/2000	97110	THERAPEUTIC EXERCISES (0-15MIN)	100.00	100.00	-	-	-	-	100.00
05/12/2000	99213	ONSITE RE-EVAL	70.00	70.00	-	-	-	-	70.00
05/12/2000	97530	KINETIC ACTIVITIES-(0-15min)	100.00	100.00	-	-	-	-	100.00
05/12/2000	97110	THERAPEUTIC EXERCISES (0-15MIN)	100.00	100.00	-	-	-	-	100.00
05/23/2000	97530	KINETIC ACTIVITIES-(0-15min)	100.00	100.00	-	-	-	-	100.00
05/23/2000	97110	THERAPEUTIC EXERCISES (0-15MIN)	100.00	100.00	-	-	-	-	100.00
05/25/2000	97530	KINETIC ACTIVITIES-(0-15min)	100.00	100.00	-	-	-	-	100.00
05/25/2000	97110	THERAPEUTIC EXERCISES (0-15MIN)	100.00	100.00	-	-	-	-	100.00
05/26/2000	97530	KINETIC ACTIVITIES-(0-15min)	100.00	100.00	-	-	-	-	100.00
05/26/2000	97110	THERAPEUTIC EXERCISES (0-15MIN)	100.00	100.00	-	-	-	-	100.00
05/30/2000	97530	KINETIC ACTIVITIES-(0-15min)	100.00	100.00	-	-	-	-	100.00
05/30/2000	97110	THERAPEUTIC EXERCISES (0-15MIN)	100.00	100.00	-	-	-	-	100.00
05/31/2000	97530	KINETIC ACTIVITIES-(0-15min)	100.00	100.00	-	-	-	-	100.00
05/31/2000	97110	THERAPEUTIC EXERCISES (0-15MIN)	100.00	100.00	-	-	-	-	100.00
06/02/2000	99213	ONSITE RE-EVAL	70.00	70.00	-	-	-	-	70.00
06/02/2000	97530	KINETIC ACTIVITIES-(0-15min)	100.00	100.00	-	-	-	-	100.00
06/02/2000	97110	THERAPEUTIC EXERCISES (0-15MIN)	100.00	100.00	-	-	-	-	100.00
Account Totals			4560.00	4560.00	-	-	-	-	4560.00

*** COMMENT ***

Amount Due	**4560.00**

Please Pay

[Please detach and remit with payment]

Date 06/28/2000
Patient REYNALDO REYNA
Account # REYREN

In Step Therapy
601-A E. Nolana
McAllen, TX 78504

Account Balance	4560.00
Ins Balance	4560.00
Amount Due	***4560.00***

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In Step Therapy

06/28/2000 Statement

601-A E. Nolana
McAllen, TX 78504

(956)792-1747 ID # 74-2863345

Account # REYREN
Patient REYNALDO REYNA
Address 1806 LAUREL OAK WAY
EDINBURG, TX 78539
Phone (956)380-4462
Provider Fergus Dowling
Referral M.D. MIGUEL A. HERNANDEZ
Injury Date 02/08/2000

Diagnosis:
836.2 TEAR MENISCUS NEC-CURREN

STAGE STORES
10201 MAIN ST.
HOUSTON, TX 77025

Date	CPT	Name	Charge Amount	Insurance Amount	Patient Payment	Patient Credit	Insurance Payment	Insurance Credit	Open Balance
04/05/2000	99204	ONSITE PT EVAL (0-60 MIN)	150.00	150.00	-	-	-	-	150.00
04/05/2000	97010	HOT/COLD PACKS	25.00	25.00	-	-	-	-	25.00
04/05/2000	97033	IONTOPHORESIS	30.00	30.00	-	-	-	-	30.00
04/05/2000	97530	KINETIC ACTIVITIES-(0-15min)	50.00	50.00	-	-	-	-	50.00
04/05/2000	97110	THERAPEUTIC EXERCISES (0-15MIN)	50.00	50.00	-	-	-	-	50.00
04/05/2000	99070	IONTOPHORESIS SUPPLIES	20.00	20.00	-	-	-	-	20.00
04/06/2000	97010	HOT/COLD PACKS	25.00	25.00	-	-	-	-	25.00
04/06/2000	97033	IONTOPHORESIS	30.00	30.00	-	-	-	-	30.00
04/06/2000	97530	KINETIC ACTIVITIES-(0-15min)	100.00	100.00	-	-	-	-	100.00
04/06/2000	97110	THERAPEUTIC EXERCISES (0-15MIN)	50.00	50.00	-	-	-	-	50.00
04/06/2000	99070	IONTOPHORESIS SUPPLIES	20.00	20.00	-	-	-	-	20.00
04/07/2000	97010	HOT/COLD PACKS	25.00	25.00	-	-	-	-	25.00
04/07/2000	97033	IONTOPHORESIS	30.00	30.00	-	-	-	-	30.00
04/07/2000	97530	KINETIC ACTIVITIES-(0-15min)	50.00	50.00	-	-	-	-	50.00
04/07/2000	97110	THERAPEUTIC EXERCISES (0-15MIN)	50.00	50.00	-	-	-	-	50.00
04/07/2000	99070	IONTOPHORESIS SUPPLIES	20.00	20.00	-	-	-	-	20.00
04/10/2000	97010	HOT/COLD PACKS	25.00	25.00	-	-	-	-	25.00
04/10/2000	97033	IONTOPHORESIS	30.00	30.00	-	-	-	-	30.00
04/10/2000	97530	KINETIC ACTIVITIES-(0-15min)	50.00	50.00	-	-	-	-	50.00
04/10/2000	97110	THERAPEUTIC EXERCISES (0-15MIN)	100.00	100.00	-	-	-	-	100.00
04/10/2000	99070	IONTOPHORESIS SUPPLIES	20.00	20.00	-	-	-	-	20.00
04/12/2000	97530	KINETIC ACTIVITIES-(0-15min)	100.00	100.00	-	-	-	-	100.00
04/12/2000	97110	THERAPEUTIC EXERCISES (0-15MIN)	100.00	100.00	-	-	-	-	100.00
04/14/2000	97530	KINETIC ACTIVITIES-(0-15min)	100.00	100.00	-	-	-	-	100.00
04/14/2000	97110	THERAPEUTIC EXERCISES (0-15MIN)	100.00	100.00	-	-	-	-	100.00
04/17/2000	97530	KINETIC ACTIVITIES-(0-15min)	100.00	100.00	-	-	-	-	100.00
04/17/2000	97110	THERAPEUTIC EXERCISES (0-15MIN)	100.00	100.00	-	-	-	-	100.00
04/19/2000	97530	KINETIC ACTIVITIES-(0-15min)	100.00	100.00	-	-	-	-	100.00
04/19/2000	97110	THERAPEUTIC EXERCISES (0-15MIN)	100.00	100.00	-	-	-	-	100.00
04/20/2000	99213	ONSITE RE-EVAL	70.00	70.00	-	-	-	-	70.00
04/20/2000	97530	KINETIC ACTIVITIES-(0-15min)	100.00	100.00	-	-	-	-	100.00

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