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#: 788-58557

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

Stratz Heating & Cooling, 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.**

United States District Court
Southern District of Texas
FILED
JUN 29 2000
Michael N. Milby, Clerk

Name and address where notices should be sent:

**********AUTO**ALL FOR AADC 493
Stratz Heating & Cooling, Inc.
21629 17 Mile Rd
Big Rapids MI 49307-9752

__ **Check box if you have never received any notices from the bankruptcy court in this case**
THIS IS FIRST NOTICE

__ **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
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: 2/24/2000 & 5/11/2000

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 282.24

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

X 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

532

Date: 6-22-00

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):

Joan Luce, Treasurer Joan Luce, Treasurer

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

ClibPDF - www.fastio.com

STATEMENT

STRATZ HEATING & COOLING, INC.
21629 17 Mile Road
BIG RAPIDS, MI 49307

(231) 796-3717

DATE 6/1/00

NUMBER

Stage Dept Store
106 N. Michigan
Big Rapids, MI 49307

TERMS:

$

DATE	CHARGES AND CREDITS		BALANCE
	BALANCE FORWARD		$241.59
5/11	Invoice # 22908	+$35.00	$276.59
6/1/00	Finance Charges	+ 5.65	282 24
	Please make payment by the 10th		
	Thank you Cathy		

DUPLICATE

Thank You

PAY LAST AMOUNT IN THIS COLUMN

STATEMENT

STRATZ HEATING & COOLING, INC.
21629 17 Mile Road
BIG RAPIDS, MI 49307

(231) 796-3717

DATE 5/1/00

NUMBER

Let Pam Know if we get paid (and if it's in full or not - due a 2nd invoice now)

Stage Dept Store
106 N. Michigan Ave
Big Rapids, MI 49307

TERMS:

$

DATE	CHARGES AND CREDITS		BALANCE
	BALANCE FORWARD		$236.54
5/1	Finance charges	$5.05	~~$241.59~~
5/11	Invoice 22908	+35.00	276.59
6/6/00	Pam called Co. going chapter 11 Just found out will pay out of her store as quickly as she can, but if the happen to send a ck let peek know		
	Please make payment by the 10th Thank you Cathy		
5/5	2:30 Pam called, wanted to know if we'd been paid, her no A/C! (hot out!) Sent mike but asked her to keep on top of this.		
5/10	LM for Pam to call back (not in today).		
5/12	Pam called back. Had left message will try them again		She called
	back, resubmitted it again - will see!		
5/23	Pam called to ✓ - will call them again.		
5/31	I called Pam, She will get a date on Friday pymnt will be made / call back.		

DUPLICATE

Thank You

PAY LAST AMOUNT IN THIS COLUMN

STATEMENT

STRATZ HEATING & COOLING, INC.
21629 17 Mile Road
BIG RAPIDS, MI 49307

(616) 796-3717

DATE 3/31/00

NUMBER

Pam mgr Nal

Stage Dept Store
106 N. Michigan Ave
Big Rapids, MI 49307

TERMS:

$

DATE	CHARGES AND CREDITS		BALANCE
	BALANCE FORWARD		
2/24/00	Invoice #22610	231.54	231.54
3/31/00	Finance Charges	4.97	236.51
	Please make payment by the 10th		
	Thank you		
4/18	Pam not in, should be back tomorrow. Left message to call (but I'm not sure she got my name!)		

DUPLICATE

Thank You

PAY LAST AMOUNT IN THIS COLUMN

State Licensed

INVOICE

№ 22610

STRATZ HEATING & COOLING, INC.

21929 17 Mile Rd. • Big Rapids, MI 49307
(616) 796-3717

Date 2-24-00
Phone 592-3148

Customer Stage Dept Store
Street 100 N Michigan AVE
City Big Rapids MI 49307

Location
Unit Make
Model
S/N

DATE	"Cold in building - need maint. done also" SERVICES PERFORMED
1/27/00	Found Fuse Bad on SouthLower Roof Top For Main Floor. Replaced it Belt &
Michael	Air Filters, also Found Problems with T-Stat. ck on other units Need
	To go back & check Rest of units over & change Filters
2/23/00	Finished up on unit Maintence, changed Rest of Filters & ck Blowers,
	Replaced worn Blower Belt. Problem Didn't come Back on T-Stat
	System Seem to Be working ok Since last Service Call.
	also sent PMA info. to new manager

TERMS: Due Upon Completion. **Please Pay From This Invoice**
Statments sent afer 30 days will show $1.50 office charge plus interest of 18% per annum.

PART NO.	DESCRIPTION					
GEN127030	15 Amp FRN Fuse	12	00	REPAIR TOTAL	196	54
	1R-16x25x1 Air Filters	29	89	DIAGNOSTIC FEE	35	00
GEN133577	#4L60 Blower Belt.	18	00			
GEN133577	#4L-400 Blower Belt	18	00			
	1-20x25x1 Air Filter	2	65			
GEN126517	Voltage Search	41	00			
	other System checks outs (light) 15.00 each x5	75	00			
				TOTAL DUE	231	54

X _____
Authorized Signature Date

State Licensed

INVOICE

№ 22908

STRATZ HEATING & COOLING, INC.

21629 17 Mile Rd. • Big Rapids, MI 49307
(231) 796-3717

Date 5-11-00
Phone 592-3148
PAM

Customer Stage
Street 106 N Michigan
City Big Rapids MI

Location
Unit Make
Model
S/N

DATE	"No A/c" SERVICES PERFORMED
5/5/00	Found Energy Mary System had all A/c off to Bldg. over ride System at
Michael	Panel & Set T-Stat at 72°

TERMS: Due Upon Completion. **Please Pay From This Invoice**
Statements sent after 30 days will show $1.50 office charge plus interest of 18% per annum.

REPAIR #	DESCRIPTION					
				REPAIR TOTAL		
				DIAGNOSTIC FEE	35	00
				TOTAL DUE	35	00

X
Authorized Signature Date