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**
_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

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

Creditor ID#: 788-60859

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

The Times-Picayune

__ **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**ALL FOR AADC 700
The Times-Picayune
PO Box 62084
New Orleans LA 70162-2084

__**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 7 2000
Michael N. Milby, Clerk

Account or other number by which creditor identifies debtor:

RS03172 & RS03173

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

**1. Basis for Claim**

__ Goods sold
_X_ Services performed Advertising
__ 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:** March thru May 2000

**3. If court judgment, date obtained:**

**4. Total Amount of Claim at Time Case Filed: $** 5,382.32

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.**

_X_ Check this box if you have an unsecured priority claim
Amount entitled to priority $ 5,382.32
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

675

Date 7/5/00

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):

J. L. Adams, Credit 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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The Times-Picayune
3800 Howard Ave.
New Orleans, LA 70140-1097

| BILLING PERIOD | ADVERTISER/CLIENT NAME | | |
|---|---|---|---|
| 03-01-00/03-31-00 | SPECIALTY RETAILERS | | |
| TOTAL AMOUNT DUE | UNAPPLIED AMOUNT | TERMS OF PAYMENT | |
| 2572.38 | | SEE "TERMS" BELOW | |

| CURRENT NET AMOUNT DUE | 30 DAYS | 60 DAYS | OVER 90 DAYS |
|---|---|---|---|
| 2532.74 | 39.64 | .00 | .00 |

**** RETAIL ****

INVOICE AND STATEMENT

| PAGE # | BILLING DATE |
|---|---|
| 1 | 03-31-00 |

BILLED ACCOUNT NUMBER: RS03172

ADVERTISER/CLIENT NUMBER: RS03172

BILLED ACCOUNT NAME AND ADDRESS:
SPECIALTY RETAILERS
STAGE LAPLACE
P.O. BOX 35718
HOUSTON, TX 77235

REMITTANCE ADDRESS:
P.O. BOX 62084
NEW ORLEANS, LA 70162

TELEPHONE: (504) 826-3201

PLEASE DETACH AND RETURN UPPER PORTION WITH REMITTANCE

| DATE | NEWSPAPER REFERENCE | DESCRIPTION - OTHER COMMENTS/CHARGES | SKU/SIZE BILLED UNITS | TIMES RUN DATE | GROSS AMOUNT | NET AMOUNT |
|---|---|---|---|---|---|---|
| | | ****** BALANCE DUE LAST STATEMENT ****** | | | | 1,748.50 |
| 03/08 | | CONT ADJEXP 03-15-00 3571" ZONE REB TO 4762" | | | | |
| | | COMB INCHES RATE AMOUNT | | | | |
| | ZONE I | D 56.00 @ .0900 = 5.04 | | | | |
| | ZONE I1 | D 1463.00 @ .0600 = 87.78 | | | | |
| | | S 172.00 @ .0400 = 6.88 | | | | |
| | | D 176.00 @ .0600 = 10.56 | | | | |
| | | TOTAL REBATE | | | | 110.26- |
| 03/24 | | PAYMENT | | | | 1,598.60- |
| 03/14 | P29409 | 13,000 @ 49.60 PER M PP | 420.00 | " | | 644.80 |
| | | 8 PGS 03-08-00 ZONE | | | | |
| | | ONE DAY | | | | |
| | P29409 | 10,000 @ 49.60 PER M PP | 420.00 | " | | 496.00 |
| | | 8 PGS 03-09-00 TARGET | | | | |
| | | ONE DAY | | | | |
| 03/16 | 298292 | 03/16 ZONE I1 56.00" Z D | 8.1400 | | | 455.84 |
| | | COLOR | | | | .00 |
| 03/23 | 328350 | 03/23 ZONE I1 30.00" Z D | 8.1400 | | | 244.20 |
| | | COLOR | | | | .00 |
| 03/30 | 328327 | 03/30 ZONE I1 85.00" Z D | 8.1400 | | | 691.90 |
| | | COLOR | | | | .00 |

****** BILL CONTINUES ON NEXT PAGE ******

**STATEMENT OF ACCOUNT** AGING OF PAST DUE AMOUNTS

| CURRENT NET AMOUNT DUE | 30 DAYS | 60 DAYS | OVER 90 DAYS | UNAPPLIED AMOUNT | TOTAL AMOUNT DUE |
|---|---|---|---|---|---|
| | | | | | |

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*UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

ADVERTISER INFORMATION

| BILLING PERIOD | BILLING ACCOUNT NUMBER | ADVERTISER/CLIENT NUMBER | ADVERTISER/CLIENT NAME |
|---|---|---|---|
| | | | |

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New Orleans, LA 70140-1097

| BILLING PERIOD | ADVERTISER/CLIENT NAME | |
|---|---|---|
| 04-01-00/04-30-00 | SPECIALTY RETAILERS | |
| TOTAL AMOUNT DUE | UNAPPLIED AMOUNT | TERMS OF PAYMENT |
| 4657.42 | | SEE "TERMS" BELOW |

| CURRENT NET AMOUNT DUE | 30 DAYS | 60 DAYS | OVER 90 DAYS |
|---|---|---|---|
| 2085.04 | 2532.74 | 39.64 | .00 |

**** RETAIL ****

INVOICE AND STATEMENT

| PAGE # | BILLING DATE |
|---|---|
| 1 | 04-30-00 |

BILLED ACCOUNT NUMBER: RS03172

ADVERTISER/CLIENT NUMBER: RS03172

BILLED ACCOUNT NAME AND ADDRESS:
SPECIALTY RETAILERS
STAGE LAPLACE
P.O. BOX 35718
HOUSTON, TX 77235

REMITTANCE ADDRESS:
P.O. BOX 62084
NEW ORLEANS, LA 70162

TELEPHONE: (504) 826-3201

PLEASE DETACH AND RETURN UPPER PORTION WITH REMITTANCE

| DATE | NEWSPAPER REFERENCE | DESCRIPTION - OTHER COMMENTS/CHARGES | SIZE MEASURE UNITS | TIMES RUN RATE | GROSS AMOUNT | NET AMOUNT |
|---|---|---|---|---|---|---|
| | | ****** BALANCE DUE LAST STATEMENT ****** | | | | 2,572.38 |
| 04/07 | P29522 | 13,000 @ 49.60 PER M<br>8 PGS 04-05-00 ZONE<br>STAGE | PP | 440.00 | " | 644.80 |
| | P29522 | 10,000 @ 49.60 PER M<br>8 PGS 04-06-00 TARGET<br>STAGE | PP | 440.00 | " | 496.00 |
| 04/13 | 328333 | 04/13 ZONE I1 56.00" Z D<br>COLOR | 8.1400 | | | 455.84<br>.00 |
| 04/20 | 328344 | 04/20 ZONE I1 30.00" Z D<br>COLOR | 8.1400 | | | 244.20<br>.00 |
| 04/27 | 328346 | 04/27 ZONE I1 30.00" Z D<br>COLOR | 8.1400 | | | 244.20<br>.00 |

* * * * * * * * * * SPACE TOTALS * * * * * * * * * *

ZONE RUN TOTAL ----------> 116.00 INCHES
PRE-PRINT TOTAL ----------> 880.00 INCHES

| CASH-RECEIPTS | ADJUSTMENTS | CURR-CHARGES |
|---|---|---|
| .00 | .00 | 2,085.04 |

STATEMENT OF ACCOUNT

AGING OF PAST DUE AMOUNTS

| CURRENT NET AMOUNT DUE | 30 DAYS | 60 DAYS | OVER 90 DAYS | UNAPPLIED AMOUNT | TOTAL AMOUNT DUE |
|---|---|---|---|---|---|
| 2,085.04 | 2,532.74 | 39.64 | .00 | | 4,657.42 |

TERMS NET NO DISCOUNT ALLOWED
BILLS RENDERED MONTHLY AS SPACE IS PUBLISHED AND PAYABLE
IN FULL BY THE 15TH OF THE MONTH FOLLOWING PUBLICATION.
04-01-00/04-30-00 RS03172 RS03172 SPECIALTY RETAILERS

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*UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

| | ADVERTISER INFORMATION | | | |
|---|---|---|---|---|
| | BILLING PERIOD | BILLING ACCOUNT NUMBER | ADVERTISER/CLIENT NUMBER | ADVERTISER/CLIENT NAME |
| | | | | |

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| BILLING PERIOD | ADVERTISER/CLIENT NAME | | |
|---|---|---|---|
| 05-01-00/05-31-00 | SPECIALTY RETAILERS | | |
| TOTAL AMOUNT DUE | UNAPPLIED AMOUNT | TERMS OF PAYMENT | |
| 4590.77 | | SEE "TERMS" BELOW | |
| CURRENT NET AMOUNT DUE | 30 DAYS | 60 DAYS | OVER 90 DAYS |
| 2378.08 | 2085.04 | 127.65 | .00 |

**** RETAIL ****

INVOICE AND STATEMENT

| PAGE # | BILLING DATE | BILLED ACCOUNT NAME AND ADDRESS | REMITTANCE ADDRESS |
|---|---|---|---|
| 1 | 05-31-00 | SPECIALTY RETAILERS<br>STAGE LAPLACE<br>P.O. BOX 35718<br>HOUSTON, TX 77235 | P.O. BOX 62084<br>NEW ORLEANS, LA 70162<br><br>TELEPHONE: (504) 826-3201 |
| BILLED ACCOUNT NUMBER | | | |
| RS03172 | | | |
| ADVERTISER/CLIENT NUMBER | | | |
| RS03172 | | | |

PLEASE DETACH AND RETURN UPPER PORTION WITH REMITTANCE

| DATE | NEWSPAPER REFERENCE | DESCRIPTION - OTHER COMMENTS/CHARGES | SAU SIZE BILLED UNITS | TIMES RUN DATE | GROSS AMOUNT | NET AMOUNT |
|---|---|---|---|---|---|---|
| | | ****** BALANCE DUE LAST STATEMENT ******----------> | | | | 4,657.42 |
| 05/01 | | PAYMENT | | | | 2,444.73- |
| 05/04 | 325755 05/04 | ZONE I1 30.00" Z D<br>COLOR | 8.1400 | | | 244.20<br>.00 |
| 05/11 | 325754 05/11 | ZONE I1 66.00" Z D<br>COLOR | 8.1400 | | | 537.24<br>.00 |
| 05/20 | P29773 | 13,000 @ 49.60 PER M<br>8 PGS 05-17-00 ZONE<br>ONE DAY SALE | PP 420.00 " | | | 644.80 |
| | P29773 | 10,000 @ 49.60 PER M<br>8 PGS 05-18-00 TARGET<br>ONE DAY SALE | PP 420.00 " | | | 496.00 |
| 05/25 | 325764 05/25 | ZONE I1 56.00" Z D<br>COLOR | 8.1400 | | | 455.84<br>.00 |

* * * * * * * * * * SPACE TOTALS * * * * * * * * * *

ZONE RUN TOTAL ----------> 152.00 INCHES
PRE-PRINT TOTAL ----------> 840.00 INCHES

| CASH-RECEIPTS | ADJUSTMENTS | CURR-CHARGES |
|---|---|---|
| 2,444.73- | .00 | 2,378.08 |

**STATEMENT OF ACCOUNT** AGING OF PAST DUE AMOUNTS

| CURRENT NET AMOUNT DUE | 30 DAYS | 60 DAYS | OVER 90 DAYS | UNAPPLIED AMOUNT | TOTAL AMOUNT DUE |
|---|---|---|---|---|---|
| 2,378.08 | 2,085.04 | 127.65 | .00 | | 4,590.77 |

TERMS NET NO DISCOUNT ALLOWED
BILLS RENDERED MONTHLY AS SPACE IS PUBLISHED AND PAYABLE
IN FULL BY THE 15TH OF THE MONTH FOLLOWING PUBLICATION.

05-01-00/05-31-00 RS03172 RS03172 SPECIALTY RETAILERS

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*UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

| ADVERTISER INFORMATION | | | |
|---|---|---|---|
| BILLING PERIOD | BILLING ACCOUNT NUMBER | ADVERTISER/CLIENT NUMBER | ADVERTISER/CLIENT NAME |
| | | | |

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| BILLING PERIOD | ADVERTISER/CLIENT NAME | | |
|---|---|---|---|
| 05-01-00/05-31-00 | SPECIALTY RETAILERS | | |
| TOTAL AMOUNT DUE | UNAPPLIED AMOUNT | TERMS OF PAYMENT | |
| 791.55 | | SEE "TERMS" BELOW | |

| CURRENT NET AMOUNT DUE | 30 DAYS | 60 DAYS | OVER 90 DAYS |
|---|---|---|---|
| 2863.16 | .00 | .00 | .00 |

**** RETAIL ****
INVOICE AND STATEMENT

| PAGE # | BILLING DATE |
|---|---|
| 1 | 05-31-00 |

BILLED ACCOUNT NUMBER: RS03173
ADVERTISER/CLIENT NUMBER: RS03173

BILLED ACCOUNT NAME AND ADDRESS:
SPECIALTY RETAILERS
STAGE MANDEVILLE
P.O. BOX 35718
HOUSTON, TX 77235

REMITTANCE ADDRESS:
P.O. BOX 62084
NEW ORLEANS, LA 70162

TELEPHONE: (504) 826-3201

PLEASE DETACH AND RETURN UPPER PORTION WITH REMITTANCE

| DATE | NEWSPAPER REFERENCE | DESCRIPTION - OTHER COMMENTS/CHARGES | SOLD SQ. BILLED UNITS | TIMES RUN RATE | GROSS AMOUNT | NET AMOUNT |
|---|---|---|---|---|---|---|
| | | ****** BALANCE DUE LAST STATEMENT ****** | | | --------> | 1,805.67 |
| 05/04 | | PAYMENT | | | | 3,877.28- |
| 05/04 | 303256 05/04 | ZONE H1 66.00" Z D<br>COLOR | | | 5.7200 | 377.52<br>.00 |
| 05/11 | 303265 05/11 | ZONE H1 66.00" Z D<br>COLOR | | | 5.7200 | 377.52<br>.00 |
| 05/20 | P29774 | 21,000 @ 49.60 PER M<br>8 PGS 05-17-00 ZONE<br>ONE DAY SALE | | PP | 420.00 " | 1,041.60 |
| | P29774 | 11,700 @ 49.60 PER M<br>8 PGS 05-18-00 TARGET<br>ONE DAY SALE | | PP | 420.00 " | 580.32 |
| 05/25 | 303300 05/25 | ZONE H1 85.00" Z D<br>COLOR | | | 5.7200 | 486.20<br>.00 |

* * * * * * * * * * S P A C E T O T A L S * * * * * * * * * *

ZONE RUN TOTAL ----------> 217.00 INCHES
PRE-PRINT TOTAL ----------> 840.00 INCHES

| CASH-RECEIPTS | ADJUSTMENTS | CURR-CHARGES |
|---|---|---|
| 3,877.28- | .00 | 2,863.16 |

**STATEMENT OF ACCOUNT** AGING OF PAST DUE AMOUNTS

| CURRENT NET AMOUNT DUE | 30 DAYS | 60 DAYS | OVER 90 DAYS | UNAPPLIED AMOUNT | TOTAL AMOUNT DUE |
|---|---|---|---|---|---|
| 2,863.16 | 2,071.61- | .00 | .00 | | 791.55 |

TERMS NET NO DISCOUNT ALLOWED
BILLS RENDERED MONTHLY AS SPACE IS PUBLISHED AND PAYABLE
IN FULL BY THE 15TH OF THE MONTH FOLLOWING PUBLICATION.

05-01-00/05-31-00 RS03173 RS03173 SPECIALTY RETAILERS

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*UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

ADVERTISER INFORMATION

| BILLING PERIOD | BILLING ACCOUNT NUMBER | ADVERTISER/CLIENT NUMBER | ADVERTISER/CLIENT NAME |
|---|---|---|---|
| | | | |