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

**United States Bankruptcy Court SOUTHERN DISTRICT OF TEXAS P.O.Box 61288, Houston TX 77208 (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#: 788-50119

United States District Court Southern District of Texas FILED JUL 7 2000 Michael N. Milby, Clerk

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

Primary Services

__ **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 770
Primary Services
520 Post Oak Blvd Ste 550
Houston TX 77027-9480

__ **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**

__ 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: $** 10,482.97

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

677

Date 7-6-00

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): **Secretary/Treasurer of General Partner Primary Services Management, LLC**

*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 OF ACCOUNT

June 27, 2000

Our records show that the following invoices are past due:

| INVOICE | INV DATE | WEEKEND | INV AMT | AMT DUE | EMPLOYEE NAME |
|---|---|---|---|---|---|
| 127315 | 04/26/00 | 04/23/00 | 744.00 | 744.00 | Campos-Ruiz, Adrianna |
| 127820 | 05/03/00 | 04/30/00 | 815.00 | 815.00 | Riede, Jessica |
| 127819 | 05/03/00 | 04/30/00 | 930.00 | 930.00 | Campos-Ruiz, Adrianna |
| 127821 | 05/03/00 | 04/23/00 | 518.40 | 518.40 | Westmoreland, Deedra |
| 128331 | 05/10/00 | 05/07/00 | 930.00 | 930.00 | Campos-Ruiz, Adrianna |
| 128332 | 05/10/00 | 05/07/00 | 770.00 | 770.00 | Riede, Jessica |
| 128836 | 05/17/00 | 05/14/00 | 845.00 | 845.00 | Riede, Jessica |
| 128835 | 05/17/00 | 05/14/00 | 1313.63 | 1313.63 | Campos-Ruiz, Adrianna |
| 129298 | 05/24/00 | 05/21/00 | 640.00 | 640.00 | Riede, Jessica |
| 129297 | 05/24/00 | 05/21/00 | 1086.94 | 1086.94 | Campos-Ruiz, Adrianna |
| 129296 | 05/24/00 | 05/21/00 | 960.00 | 960.00 | Baggett, Sakora |
| 129748 | 05/31/00 | 05/28/00 | 930.00 | 930.00 | Campos-Ruiz, Adrianna |

If you have any questions, please contact Sean Flannigan at (713)850-7010. Please disregard this notice if payment has already been made. Thank You.

$ 10,482.97

MS. AMY GRAY
STAGE STORES
PO BOX 35719
HOUSTON, TX 77235-5719

ClibPDF - www.fastio.com

**PRIMARY** *Services*

520 Post Oak Boulevard
Suite 550
Houston, Texas 77027
713-850-7010

COPY

**Remit to:**

**Primary Services, L.P.**
520 Post Oak Blvd., Ste 550
Houston, Texas 77027

TO:

STAGE STORES
MS. AMY GRAY
PO BOX 35719
HOUSTON TX 77235-5719

INVOICE NUMBER: 127315

INVOICE DATE: 04/26/00 | PAGE: 1

P.O. NUMBER:

**PAYABLE UPON RECEIPT**

| WEEK ENDING DATE | EMPLOYEE NAME | CLASS | HOURS | OT | RATE | TOTAL |
|---|---|---|---|---|---|---|
| 04/23/00 | Campos-Ruiz, Adrianna -. | Administrative Assista . | 32.00 | 0.00 | 23.25 | 744.00 |

TOTAL DUE 744.00

(1) WHITE - PRIMARY SERVICES' COPY
(2) CANARY - PRIMARY SERVICES' COPY
(3) PINK CLIENT COPY

EMPLOYEE NAME – LAST, FIRST, INITIAL (PRINT): CAMPOS-RUIZ, ADRIANNA I

SOCIAL SECURITY NO.: 449-78-6090 | JOB NO.: 41601 | BRANCH: GAL

CUSTOMER NAME: STAGE STORES, INC.

| DAY | DATE | TIME IN | TIME OUT | LESS LUNCH | TOTAL | |
|---|---|---|---|---|---|---|
| MON | 4/17 | 7:00 | 2:30 | 1.00 | 6 | 50 |
| TUE | 4/18 | 7:00 | 4:15 | 1.00 | 8 | 25 |
| WED | 4/19 | 7:00 | 4:30 | 1.00 | 8 | 50 |
| THU | 4/20 | 6:45 | 4:30 | 1.00 | 8 | 75 |
| FRI | | | | | | |
| SAT | | | | | | |
| SUN | | | | | | |

WEEK ENDING DATE (SUNDAY) 4/23

Failure to specify may cause a delay in receiving your check.

MAIL CHECK ☐
HOLD CHECK ☐
DIRECT DEPOSIT ☑
OTHER ☐

TOTAL HOURS (to nearest 1/4 hour): REGULAR 32.00 | OVERTIME

EMPLOYEE STATEMENT

I hereby certify that the hours shown herein were worked by me during the week ending designated, and were certified by an authorized representative of the company. I understand that I am to contact the Primary Services office after completing my assignment, and if I do not do so, Primary may assume that I am still available for work. I understand that if work is offered to me at a reasonable rate, and I refuse this work, I voluntarily terminate my employment with Primary Services. I agree to the terms and conditions on reverse side.

EMPLOYEE SIGNATURE: x

TIME SHEETS MUST BE IN OUR OFFICE BY 5:00 PM TUESDAY

CLIENT STATEMENT

It is understood that the undersigned is an authorized representative of the company, and hereby certifies that the above hours are correct and that the work was performed to your satisfaction, and that Client agrees to the terms and conditions on reverse side of this form.

SIGNATURE: x Jim Young TITLE: Coop Supervisor

NEW ADDRESS:

**PRIMARY**
520 Post Oak Boulevard, Suite 550
Houston, Texas 77027 Fax (713) 622-6593
(713) 850-7010

ClibPDF - www.fastio.com

**PRIMARY** *Services*

520 Post Oak Boulevard
Suite 550
Houston, Texas 77027
713-850-7010

COPY

**Remit to:**

**Primary Services, L.P.**
520 Post Oak Blvd., Ste 550
Houston, Texas 77027

TO:

STAGE STORES
MS. AMY GRAY
PO BOX 35719
HOUSTON TX 77235-5719

INVOICE NUMBER: 127820

INVOICE DATE: 05/03/00 | PAGE: 1

P.O. NUMBER:

**PAYABLE UPON RECEIPT**

| WEEK ENDING DATE | EMPLOYEE NAME | CLASS | HOURS | OT | RATE | TOTAL |
|---|---|---|---|---|---|---|
| 04/30/00 | Riede, Jessica<br>-Facilities Maintenance | Data Entry<br>PJ Jameson | 40.00 | 0.50 | 20.00 | 815.00 |

TOTAL DUE 815.00

EMPLOYEE NAME – LAST, FIRST, INITIAL (PRINT): Riede, Jessica L

SOCIAL SECURITY NO.: 451-91-1610 | JOB NO.: 44101 | BRANCH: Galleria

CUSTOMER NAME: STAGE

| DAY | DATE | TIME IN | TIME OUT | LESS LUNCH | TOTAL |
|---|---|---|---|---|---|
| MON | 04/24 | 8:12 | 5:12 | 1.0 | 8 00 |
| TUE | 04/25 | 8:13 | 5:13 | .75 | 8 25 |
| WED | 04/26 | 8:15 | 5:00 | .75 | 8 00 |
| THU | 04/27 | 8:00 | 5:00 | .75 | 8 25 |
| FRI | 04/28 | 8:00 | 4:45 | .75 | 8 00 |
| SAT | | | | | |
| SUN | | | | | |

WEEK ENDING DATE (SUNDAY) 04/30

Failure to specify may cause a delay in receiving your check. →

MAIL CHECK ☐
HOLD CHECK ☑
DIRECT DEPOSIT ☐
OTHER ☐

| TOTAL HOURS (to nearest 1/4 hour) | |
|---|---|
| REGULAR | OVERTIME |
| 40.00 | .50 |

**EMPLOYEE STATEMENT**

I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the company. I understand that I am to contact the Primary Services office after completing this assignment, and if I do not do so, Primary may assume that I am **not then available for work.** I understand that if work is offered to me at a reasonable rate, and I refuse this work, I voluntarily terminate my employment with Primary Service. I agree to the terms and conditions on reverse side.

EMPLOYEE SIGNATURE: X [signature]

**TIME SHEETS MUST BE IN OUR OFFICE BY 5:30 PM TUESDAY**

**CLIENT AGREEMENT**

It is understood that the undersigned is an authorized representative of the company, and hereby certifies that the above hours are correct and that the work was performed to your satisfaction; and that Client agrees to the terms and conditions on reverse side of this form.

SIGNATURE: X [signature] | TITLE: Facilities Manager

NEW ADDRESS:

(1) WHITE – PRIMARY SERVICES' COPY
(2) CANARY – PRIMARY SERVICES' COPY
(3) PINK – CLIENT COPY
(4) GOLDENROD – EMPLOYEE COPY

**PRIMARY**

520 Post Oak Boulevard, Suite 550
Houston, Texas 77027 Fax (713) 622-6593
(713) 850-7010

ClibPDF - www.fastio.com

**PRIMARY** *Services*

520 Post Oak Boulevard
Suite 550
Houston, Texas 77027
713-850-7010

COPY

**Remit to:**

**Primary Services, L.P.**
520 Post Oak Blvd., Ste 550
Houston, Texas 77027

TO:

STAGE STORES
MS. AMY GRAY
PO BOX 35719
HOUSTON TX 77235-5719

INVOICE NUMBER: 127819

INVOICE DATE: 05/03/00

PAGE: 1

P.O. NUMBER:

**PAYABLE UPON RECEIPT**

| WEEK ENDING DATE | EMPLOYEE NAME | CLASS | HOURS | OT | RATE | TOTAL |
|---|---|---|---|---|---|---|
| 04/30/00 | Campos-Ruiz, Adrianna | Administrative Assista | 40.00 | 0.00 | 23.25 | 930.00 |

TOTAL DUE 930.00

EMPLOYEE NAME – LAST, FIRST, INITIAL (PRINT): CAMPOS-RUIZ, ADRIANNA

SOCIAL SECURITY NO.: 449-95-6090 | JOB NO.: 41601 | BRANCH: GAL

CUSTOMER NAME: STAGE STORES, INC.

| DAY | DATE | TIME IN | TIME OUT | LESS LUNCH | TOTAL | |
|---|---|---|---|---|---|---|
| MON | 4/24 | 7:00 | 4:00 | 1.00 | 8 | 00 |
| TUE | 4/25 | 7:00 | 4:00 | 1.00 | 8 | 00 |
| WED | 4/26 | 7:00 | 4:00 | 1.00 | 8 | 00 |
| THU | 4/27 | 7:00 | 4:00 | 1.00 | 8 | 00 |
| FRI | 4/28 | 7:00 | 4:00 | 1.00 | 8 | 00 |
| SAT | | | | | | |
| SUN | | | | | | |

WEEK ENDING DATE (SUNDAY): 4/30

Failure to specify may cause — a delay in receiving your check.

MAIL CHECK ☐
HOLD CHECK ☐
DIRECT DEPOSIT ☑
OTHER ☐

TOTAL HOURS (to nearest 1/4 hour): REGULAR 40.00 | OVERTIME

VERIFICATION STATEMENT

I hereby verify that the hours shown have been worked by me during the week ending date noted, and were authorized by an authorized representative of the company. I understand that I am responsible for daily business which was completed while on assignment, and I understand that Primary may require that I be given credit for work. I understand that if work is added or changed, it must be approved by me, and I will be paid for this work. I voluntarily terminate my employment with Primary Services if I refuse to accept new assignments or terminate jobs.

EMPLOYEE SIGNATURE: X

Time records MUST BE IN OUR OFFICE BY 5:00 PM TUESDAY

CUSTOMER VERIFICATION

I, the undersigned, find the information to be an authorized representative of the company, and hereby certify that the above hours are correct and that the work was completed to your satisfaction and that Client agrees to the terms and conditions on reverse side of this form.

SIGNATURE: X Jim Young

TITLE: Prod Supervisor

NEW ADDRESS:

(1) WHITE – PRIMARY SERVICES' COPY
(2) CANARY – PRIMARY SERVICES' COPY
(3) PINK CLIENT COPY

**PRIMARY**
520 Post Oak Boulevard, Suite 550
Houston, Texas 77027 Fax (713) 622-5503
(713) 850-7010

ClibPDF - www.fastio.com

**PRIMARY** *Services*

520 Post Oak Boulevard
Suite 550
Houston, Texas 77027
713-850-7010

COPY

**Remit to:**

**Primary Services, L.P.**
520 Post Oak Blvd., Ste 550
Houston, Texas 77027

TO:

STAGE STORES
MS. AMY GRAY
PO BOX 35719
HOUSTON TX 77235-5719

INVOICE NUMBER: 127821

INVOICE DATE: 05/03/00 | PAGE: 1

P.O. NUMBER:

**PAYABLE UPON RECEIPT**

| WEEK ENDING DATE | EMPLOYEE NAME | CLASS | HOURS | OT | RATE | TOTAL |
|---|---|---|---|---|---|---|
| 04/23/00 | Westmoreland, Deedra -Facilities Maintenance | Customer Service Amy Gray | 24.00 | 0.00 | 21.60 | 518.40 |

TOTAL DUE 518.40

Westmoreland, Deedra S.

SOCIAL SECURITY NO: 455-89-4213 | JOB NO. | BRANCH

CUSTOMER NAME: Stage

| DAY | DATE | TIME IN | TIME OUT | LESS LUNCH | TOTAL |
|---|---|---|---|---|---|
| MON | 4/17 | 8:30 | 5:00 | | 8.5 |
| TUE | 4/18 | — | — | | 0.0 |
| WED | 4/19 | 8:00 | 5:00 | 1.0 | 8.0 |
| THU | 4/20 | 8:00 | 4:00 | .30 | 7.5 |
| FRI | 4/21 | | | | |
| SAT | 4/22 | | | | |
| SUN | 4/23 | | | | |

WEEK ENDING DATE (SUNDAY) 4/23

Failure to specify may cause a delay in receiving your check.

MAIL CHECK ☒
HOLD CHECK ☐
DIRECT DEPOSIT ☐
OTHER ☐

TOTAL HOURS (TO NEAREST 1/4 HOUR): REGULAR 24 | OVERTIME

I hereby certify that the hours shown hereon were worked by me during the week ending designated, or were authorized by an authorized representative of the company. I understand that I am to call Primary Services daily after completing this assignment, even if I do not do so, Primary may assume that I am not then available for work. I understand that if work is offered to me at a reasonable rate, and I refuse the work, I voluntarily terminate my employment with Primary Services. I agree to the terms and conditions on reverse side.

EMPLOYEE SIGNATURE: Deedra Westmoreland

TIME SHEETS MUST BE IN OUR OFFICE BY 5:30 PM TUESDAY

CLIENT ACKNOWLEDGMENT

It is understood that the undersigned is an authorized representative of the company, and hereby certifies that the above hours are correct and that the work was performed to your satisfaction; and that Client agrees to the terms and conditions on reverse side of this form.

SIGNATURE | TITLE

NEW ADDRESS:

(1) WHITE – PRIMARY SERVICES COPY
(2) CANARY – PRIMARY SERVICES COPY
(3) PINK – CLIENT COPY
(4) GOLDENROD – EMPLOYEE COPY

**PRIMARY**
520 Post Oak Boulevard, Suite 550
Houston, Texas 77027 Fax (713) 672-6563
(713) 850-7010

713 6
850

ClibPDF - www.fastio.com

**PRIMARY** *Services*

520 Post Oak Boulevard
Suite 550
Houston, Texas 77027
713-850-7010

COPY

**Remit to:**

**Primary Services, L.P.**
520 Post Oak Blvd., Ste 550
Houston, Texas 77027

TO:

STAGE STORES
MS. AMY GRAY
PO BOX 35719
HOUSTON TX 77235-5719

INVOICE NUMBER: 128331

INVOICE DATE: 05/10/00 | PAGE: 1

P.O. NUMBER:

PAYABLE UPON RECEIPT

| WEEK ENDING DATE | EMPLOYEE NAME | CLASS | HOURS | OT | RATE | TOTAL |
|---|---|---|---|---|---|---|
| 05/07/00 | Campos-Ruiz, Adrianna -. | Administrative Assista . | 40.00 | 0.00 | 23.25 | 930.00 |

TOTAL DUE 930.00

EMPLOYEE NAME – LAST, FIRST, INITIAL (PRINT): CAMPOS-RUIZ, ADRIANNA I

SOCIAL SECURITY NO.: 449-95-6090 | JOB NO.: 41601 | BRANCH: GAL

CUSTOMER NAME: STAGE STORES, INC

| DAY | DATE | TIME IN | TIME OUT | LESS LUNCH | TOTAL |
|---|---|---|---|---|---|
| MON | 5/1 | 7:00 | 4:00 | 1.00 | 8 00 |
| TUE | 5/2 | 7:00 | 4:00 | 1.00 | 8 00 |
| WED | 5/3 | 7:00 | 4:00 | 1.00 | 8 00 |
| THU | 5/4 | 7:00 | 4:00 | 1.00 | 8 00 |
| FRI | 5/5 | 7:00 | 4:00 | 1.00 | 8 00 |
| SAT | | | | | |
| SUN | | | | | |

WEEK ENDING DATE (SUNDAY) 5/7

Failure to specify may cause a delay in receiving your check.

MAIL CHECK ☐
HOLD CHECK ☐
DIRECT DEPOSIT ☑
OTHER ☐

TOTAL HOURS (to nearest 1/4 hour): REGULAR 40.00 | OVERTIME

EMPLOYEE STATEMENT

I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the company. I understand that I am to contact the Primary Services office after completing this assignment, and if I do not do so, Primary may assume that I am not than available for work. I understand that if work is offered to me at a reasonable rate, and I refuse this work, I voluntarily terminate my employment with Primary Service. I agree to the terms and conditions on reverse side.

EMPLOYEE SIGNATURE: x [signature]

TIME SHEETS MUST BE IN OUR OFFICE BY 5:30 PM TUESDAY

CLIENT AGREEMENT

It is understood that the undersigned is an authorized representative of the company, and hereby certifies that the above hours are correct and that the work was performed to your satisfaction; and that Client agrees to the terms and conditions on reverse side of this form.

SIGNATURE: x [signature] | TITLE: Expense Manager

NEW ADDRESS:

(1) WHITE – PRIMARY SERVICES' COPY
(2) CANARY – PRIMARY SERVICES' COPY
(3) PINK – CLIENT COPY
(4) GOLDENROD – EMPLOYEE COPY

MAY 09 [illegible]

**PRIMARY**
520 Post Oak Boulevard, Suite 550
Houston, Texas 77027 Fax (713) 622-6593
(713) 850-7010

ClibPDF - www.fastio.com

**PRIMARY** | *Services*

520 Post Oak Boulevard
Suite 550
Houston, Texas 77027
713-850-7010

COPY

**Remit to:**

**Primary Services, L.P.**
520 Post Oak Blvd., Ste 550
Houston, Texas 77027

TO:

STAGE STORES
MS. AMY GRAY
PO BOX 35719
HOUSTON TX 77235-5719

| INVOICE NUMBER | |
|---|---|
| 128332 | |
| INVOICE DATE | PAGE |
| 05/10/00 | 1 |
| P.O. NUMBER | |
| | |

PAYABLE UPON RECEIPT

| WEEK ENDING DATE | EMPLOYEE NAME | CLASS | HOURS | OT | RATE | TOTAL |
|---|---|---|---|---|---|---|
| 05/07/00 | Riede, Jessica<br>-Facilities Maintenance | Data Entry<br>PJ Jameson | 38.50 | 0.00 | 20.00 | 770.00 |

TOTAL DUE 770.00

EMPLOYEE NAME - LAST, FIRST, INITIAL (PRINT): Riedy, Jessica L
SOCIAL SECURITY NO.: 451-91-1610
JOB NO.: 44101
BRANCH: Galleria
CUSTOMER NAME: Stage Stores

| DAY | DATE | TIME IN | TIME OUT | LESS LUNCH | TOTAL |
|---|---|---|---|---|---|
| MON | 05/01 | 8:15 | 5:00 | .75 | 8.25 |
| TUE | 05/02 | 8:15 | 5:00 | 1.00 | 8.00 |
| WED | 05/03 | 8:15 | 5:00 | .75 | 7.00 |
| THU | 05/04 | 8:15 | 5:00 | .75 | 8.00 |
| FRI | 05/05 | 8:15 | 3:15 | .75 | 6.25 |
| SAT | | | | | |
| SUN | | | | | |

WEEK ENDING DATE (SUNDAY): 05-07-00
Failure to specify may cause →
MAIL CHECK ☐
HOLD CHECK ☑
DIRECT DEPOSIT ☐
OTHER ☐

TOTAL HOURS (to nearest 1/4 hour): REGULAR 38.50; OVERTIME

EMPLOYEE STATEMENT

I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the company. I understand that I am to contact the Primary Services office after completing this assignment, and if I do not do so, Primary may assume that I am not then available for work. I understand that if work is offered to me at a reasonable rate, and I refuse this work, I voluntarily terminate my employment with Primary Service. I agree to the terms and conditions on reverse side.

EMPLOYEE SIGNATURE: X [signature]

TIME SHEETS MUST BE IN OUR OFFICE BY 5:30 PM TUESDAY

CLIENT ACKNOWLEDGMENT

It is understood that the undersigned is an authorized representative of the company, and hereby certifies that the above hours are correct and that the work was performed to your satisfaction, and that Client agrees to the terms and conditions on reverse side of this form.

SIGNATURE: X [signature]
TITLE: [illegible]

NEW ADDRESS:

(1) WHITE - PRIMARY SERVICES' COPY
(2) CANARY - PRIMARY SERVICES' COPY
(3) PINK - CLIENT COPY
(4) GOLDENROD - EMPLOYEE COPY

**PRIMARY**
520 Post Oak Boulevard, Suite 550
Houston, Texas 77027 Fax (713) 622-6593
(713) 850-7010

ClibPDF - www.fastio.com

**PRIMARY** *Services*

520 Post Oak Boulevard
Suite 550
Houston, Texas 77027
713-850-7010

COPY

**Remit to:**

**Primary Services, L.P.**
520 Post Oak Blvd., Ste 550
Houston, Texas 77027

TO:

STAGE STORES
MS. AMY GRAY
PO BOX 35719
HOUSTON TX 77235-5719

| INVOICE NUMBER | INVOICE DATE | PAGE |
|---|---|---|
| 128836 | 05/17/00 | 1 |

P.O. NUMBER

**AYABLE UPON RECEIPT**

| WEEK ENDING DATE | EMPLOYEE NAME | CLASS | HOURS | OT | RATE | TOTAL |
|---|---|---|---|---|---|---|
| 05/14/00 | Riede, Jessica<br>-Facilities Maintenance | Data Entry<br>PJ Jameson | 40.00 | 1.50 | 20.00 | 845.00 |

TOTAL DUE 845.00

EMPLOYEE NAME – LAST, FIRST, INITIAL (PRINT): Riede, Jessica L

SOCIAL SECURITY NO.: 451 91 1610 | JOB NO.: | BRANCH: Galleria

CUSTOMER NAME: Stage Stores Inc.

| DAY | DATE | TIME IN | TIME OUT | LESS LUNCH | TOTAL |
|---|---|---|---|---|---|
| MON | 04/08 | 8:00 | 5:15 | .75 | 8 50 |
| TUE | 04/09 | 8:15 | 5:15 | .75 | 8 25 |
| WED | 04/10 | 8:15 | 5:15 | .75 | 8 25 |
| THU | 04/11 | 8:30 | 5:00 | .75 | 7 75 |
| FRI | 04/12 | 8:15 | 5:00 | -0- | 8 75 |
| SAT | | | | | |
| SUN | | | | | |

WEEK ENDING DATE (SUNDAY) 04/14

Failure to specify may cause a delay in receiving your check.

MAIL CHECK ☐
HOLD CHECK ☑
DIRECT DEPOSIT ☐
OTHER ☐

| TOTAL HOURS (to nearest 1/4 hour) | |
|---|---|
| REGULAR | OVERTIME |
| 40.00 | 1.50 |

**EMPLOYEE STATEMENT**

I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the company. I understand that I am to contact the Primary Services office after completing this assignment, and if I do not do so, Primary may assume that I am not then available for work. I understand that if work is offered to me at a reasonable rate, and I refuse this work, I voluntarily terminate my employment with Primary Service. I agree to the terms and conditions on reverse side.

EMPLOYEE SIGNATURE: x Jessica Riede

TIME SHEETS MUST BE IN OUR OFFICE BY 5:30 PM TUESDAY

**CLIENT AGREEMENT**

It is understood that the undersigned is an authorized representative of the company, and hereby certifies that the above hours are correct and that the work was performed to your satisfaction; and that Client agrees to the terms and conditions on reverse side of this form.

SIGNATURE: x J Johnson | TITLE: Facilities Manager

NEW ADDRESS:

(2) CANARY - PRIMARY SERVICES COPY
(3) PINK - CLIENT COPY
(4) GOLDENROD - EMPLOYEE COPY

**PRIMARY**

520 Post Oak Boulevard, Suite 550
Houston, Texas 77027 Fax (713) 622-6593
(713) 850-7010

ClibPDF - www.fastio.com

**PRIMARY** *Services*

520 Post Oak Boulevard
Suite 550
Houston, Texas 77027
713-850-7010

COPY

**Remit to:**

**Primary Services, L.P.**
520 Post Oak Blvd., Ste 550
Houston, Texas 77027

TO:

STAGE STORES
MS. AMY GRAY
PO BOX 35719
HOUSTON TX 77235-5719

INVOICE NUMBER: 128835

INVOICE DATE: 05/17/00

PAGE: 1

P.O. NUMBER:

AYABLE UPON RECEIPT

| WEEK ENDING DATE | EMPLOYEE NAME | CLASS | HOURS | OT | RATE | TOTAL |
|---|---|---|---|---|---|---|
| 05/14/00 | Campos-Ruiz, Adrianna | Administrative Assista | 40.00 | 11.00 | 23.25 | 1313.63 |

TOTAL DUE 1313.63

CAMPOS-RUIZ, ADRIANNA

SOCIAL SECURITY NO. 442-95-6091 | JOB NO. 041601 | BRANCH GAL

CUSTOMER NAME: STAGE STORES, INC

| DAY | DATE | TIME IN | TIME OUT | LESS LUNCH | TOTAL |
|---|---|---|---|---|---|
| MON | 5/8 | 7:00 | 4:00 | 1.00 | 8 00 |
| TUE | 5/9 | 7:00 | 4:00 | 1.00 | 8 00 |
| WED | 5/10 | 7:00 | 4:00 | 1.00 | 8 00 |
| THU | 5/11 | 7:00 | 6:00 | 1.00 | 10 00 |
| FRI | 5/12 | 7:00 | 12:30 PM | .50 | 17 00 |
| SAT | | | | | |
| SUN | | | | | |

WEEK ENDING DATE (SUNDAY) 5/14

Failure to identify may cause a delay in receiving your check.

MAIL CHECK ☐
HOLD CHECK ☐
DIRECT DEPOSIT ☑
OTHER ☐

TOTAL HOURS (to nearest 1/4 hour)

| REGULAR | OVERTIME |
|---|---|
| 40.00 | 11.00 |

EMPLOYEE SIGNATURE: x

THIS SHEET MUST BE IN OUR OFFICE BY 5:00 PM TUESDAY

CLIENT ACCEPTANCE

SIGNATURE: x

TITLE: Mgr Supervisor

NEW ADDRESS:

(1) WHITE - PRIMARY SERVICES COPY
(2) CANARY - PRIMARY SERVICES 2nd COPY
(3) PINK - CLIENT COPY

**PRIMARY**
520 Post Oak Boulevard, Suite 550
Houston, Texas 77027 Fax (713) 622-6593
(713) 850-7010

ClibPDF - www.fastio.com

**PRIMARY** *Services*

520 Post Oak Boulevard
Suite 550
Houston, Texas 77027
713-850-7010

COPY

**Remit to:**

**Primary Services, L.P.**
520 Post Oak Blvd., Ste 550
Houston, Texas 77027

TO:

STAGE STORES
MS. AMY GRAY
PO BOX 35719
HOUSTON TX 77235-5719

INVOICE NUMBER: 129298

INVOICE DATE: 05/24/00 | PAGE: 1

P.O. NUMBER:

PAYABLE UPON RECEIPT

| WEEK ENDING DATE | EMPLOYEE NAME | CLASS | HOURS | OT | RATE | TOTAL |
|---|---|---|---|---|---|---|
| 05/21/00 | Riede, Jessica<br>-Facilities Maintenance | Data Entry<br>PJ Jameson | 32.00 | 0.00 | 20.00 | 640.00 |

TOTAL DUE 640.00

EMPLOYEE NAME - LAST, FIRST, INITIAL (PRINT): RIEDE, JESSICA L.

SOCIAL SECURITY NO: 451-91-1610 | JOB NO: 44101 | BRANCH: GALLERIA

CUSTOMER NAME: STAGE STORES

| DAY | DATE | TIME IN | TIME OUT | LESS LUNCH | TOTAL |
|---|---|---|---|---|---|
| MON | 5/15 | 8:30 | 5:00 | .75 | 7.75 |
| TUE | 5/16 | 8:30 | 5:00 | .75 | 7.75 |
| WED | 5/17 | 8:30 | 5:00 | -0- | 8.50 |
| THU | 5/18 | 8:15 | 5:00 | .75 | 8.00 |
| FRI | 5/19 | | | | |
| SAT | 5/20 | | | | |
| SUN | 5/21 | | | | |

WEEK ENDING DATE (SUNDAY): 5/21

Failure to specify may cause a delay in receiving your check

MAIL CHECK ☐
HOLD CHECK ☑
DIRECT DEPOSIT ☐
OTHER _____ ☐

| TOTAL HOURS (to nearest 1/4 hour) | |
|---|---|
| REGULAR | OVERTIME |
| 32.00 | |

**EMPLOYEE STATEMENT**

I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the company. I understand that I am to contact the Primary Services office after completing this assignment, and if I do not do so, Primary may assume that I am not then available for work. I understand that if work is offered to me at a reasonable rate, and I refuse this work, I voluntarily terminate my employment with Primary Service. I agree to the terms and conditions on reverse side.

EMPLOYEE SIGNATURE: x Jessica Riede

TIME SHEETS MUST BE IN OUR OFFICE BY 5:30 PM TUESDAY

**CLIENT AGREEMENT**

It is understood that the undersigned is an authorized representative of the company, and hereby certifies that the above hours are correct and that the work was performed to your satisfaction; and that Client agrees to the terms and conditions on reverse side of this form.

SIGNATURE: x PJ Jameson

TITLE: Facilities Mgr.

NEW ADDRESS:

MAY 22 RECD

**PRIMARY**
520 Post Oak Boulevard, Suite 550
Houston, Texas 77027 Fax (713) 622-6593
(713) 850-7010

ClibPDF - www.fastio.com

**PRIMARY** *Services*

520 Post Oak Boulevard
Suite 550
Houston, Texas 77027
713-850-7010

COPY

**Remit to:**

**Primary Services, L.P.**
520 Post Oak Blvd., Ste 550
Houston, Texas 77027

TO:

STAGE STORES
MS. AMY GRAY
PO BOX 35719
HOUSTON TX 77235-5719

INVOICE NUMBER: 129297

INVOICE DATE: 05/24/00 PAGE: 1

P.O. NUMBER:

**AYABLE UPON RECEIPT**

| WEEK ENDING DATE | EMPLOYEE NAME | CLASS | HOURS | OT | RATE | TOTAL |
|---|---|---|---|---|---|---|
| 05/21/00 | Campos-Ruiz, Adrianna -. | Administrative Assista . | 40.00 | 4.50 | 23.25 | 1086.94 |

TOTAL DUE 1086.94

EMPLOYEE NAME – LAST, FIRST, INITIAL (PRINT)
CAMPOS-RUIZ, ADRIANNA I.

SOCIAL SECURITY NO. 449-95-6090 | JOB NO. 41601 | BRANCH GAL

CUSTOMER NAME
STAGE STORES, INC.

| DAY | DATE | TIME IN | TIME OUT | LESS LUNCH | TOTAL | |
|---|---|---|---|---|---|---|
| MON | 5/15 | 7:00 | 5:30 | 1.00 | 9 | 50 |
| TUE | 5/16 | 8:00 | 12:00 | — | 4 | 00 |
| WED | 5/17 | 7:00 | 4:00 | — | 9 | 00 |
| THU | 5/18 | 7:00 | 7:30 | 1.00 | 11 | 50 |
| FRI | 5/19 | 7:00 | 5:30 | — | 10 | 50 |
| SAT | | | | | | |
| SUN | | | | | | |

WEEK ENDING DATE (SUNDAY) 5/21

Failure to specify may cause a delay in receiving your check.

MAIL CHECK ☐
HOLD CHECK ☐
DIRECT DEPOSIT ☑
OTHER ☐

TOTAL HOURS (to nearest 1/4 hour)

| REGULAR | OVERTIME |
|---|---|
| 40.00 | 4.50 |

I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the company. I understand that I am to contact the Primary Services office after completing this assignment, and if I do not do so, Primary may assume that I am not then available for work. I understand that if work is offered to me at a reasonable rate, and I refuse this work, I voluntarily terminate my employment with Primary Service. I agree to the terms and conditions on reverse side.

EMPLOYEE SIGNATURE x

TIME SHEETS MUST BE IN OUR OFFICE BY 5:30 PM TUESDAY

**CLIENT AGREEMENT**

It is understood that the undersigned is an authorized representative of the company, and hereby certifies that the above hours are correct and that the work was performed to your satisfaction; and that Client agrees to the terms and conditions on reverse side of this form.

SIGNATURE x

TITLE

NEW ADDRESS:

MAY 23 2000

(4) GOLDENROD – EMPLOYEE COPY

**PRIMARY**

520 Post Oak Boulevard, Suite 550
Houston, Texas 77027 Fax (713) 622-6593
(713) 850-7010

ClibPDF - www.fastio.com

**PRIMARY** *Services*

520 Post Oak Boulevard
Suite 550
Houston, Texas 77027
713-850-7010

COPY

**Remit to:**

**Primary Services, L.P.**
520 Post Oak Blvd., Ste 550
Houston, Texas 77027

TO:

STAGE STORES
MS. AMY GRAY
PO BOX 35719
HOUSTON TX 77235-5719

INVOICE NUMBER: 129296

INVOICE DATE: 05/24/00 | PAGE: 1

P.O. NUMBER:

**AYABLE UPON RECEIPT**

| WEEK ENDING DATE | EMPLOYEE NAME | CLASS | HOURS | OT | RATE | TOTAL |
|---|---|---|---|---|---|---|
| 05/21/00 | Baggett, Sakora -Surveys | Project Coordinator Amy Gray | 40.00 | 0.00 | 24.00 | 960.00 |

7
8
8
5
8

40

EMPLOYEE NAME – LAST, FIRST, INITIAL (PRINT): BAGGETT, SAKORA S

SOCIAL SECURITY NO.: 462-47-3692 | JOB NO.: 44497 | BRANCH: GALVEST

CUSTOMER NAME: STAGE STORES, INC

| DAY | DATE | TIME IN | TIME OUT | LESS LUNCH | TOTAL | |
|---|---|---|---|---|---|---|
| MON | 5/15 | 9:30 | 5:00 | 30 MIN | 7 | 00 |
| TUE | 5/16 | 8:30 | 5:00 | 30 MIN | 8 | 00 |
| WED | 5/17 | 8:30 | 4:30 | — | 8 | 00 |
| THU | 5/18 | 8:45 | 6:20 | 30 | 9 | 05 |
| FRI | 5/19 | 8:30 | 5:00 | 30 MIN | 8 | 00 |
| SAT | 5/20 | — | — | — | — | 0 |
| SUN | 5/21 | — | — | — | — | 0 |

WEEK ENDING DATE (SUNDAY): 5/21/2000

Failure to specify may cause → a delay in receiving your check.

MAIL CHECK ☐
HOLD CHECK ☑
DIRECT DEPOSIT ☐
OTHER _____ ☐

TOTAL HOURS (to nearest 1/4 hour)

| REGULAR | OVERTIME |
|---|---|
| 40 HRS | 05 MIN |

**EMPLOYEE STATEMENT**

I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the company. I understand that I am to contact the Primary Services office after completing this assignment, and if I do not do so, Primary may assume that I am not then available for work. I understand that if work is offered to me at a reasonable rate, and I refuse this work, I voluntarily terminate my employment with Primary Service. I agree to the terms and conditions on reverse side.

EMPLOYEE SIGNATURE: x Sakora Baggett

TIME SHEETS MUST BE IN OUR OFFICE BY 5:30 PM TUESDAY

**CLIENT AGREEMENT**

It is understood that the undersigned is an authorized representative of the company, and hereby certifies that the above hours are correct and that the work was performed to your satisfaction; and that Client agrees to the terms and conditions on reverse side of this form.

SIGNATURE: x Joni Young | TITLE: Top Supervisor

NEW ADDRESS:

(1) WHITE - PRIMARY SERVICES' COPY
(2) CANARY - PRIMARY SERVICES' COPY
(3) PINK - CLIENT COPY
(4) GOLDENROD - EMPLOYEE COPY

**PRIMARY**

520 Post Oak Boulevard, Suite 550
Houston, Texas 77027 Fax (713) 622-6593
(713) 850-7010

ClibPDF - www.fastio.com

**PRIMARY** *Services*

520 Post Oak Boulevard
Suite 550
Houston, Texas 77027
713-850-7010

COPY

**Remit to:**

**Primary Services, L.P.**
520 Post Oak Blvd., Ste 550
Houston, Texas 77027

TO:

STAGE STORES
MS. AMY GRAY
PO BOX 35719
HOUSTON TX 77235-5719

INVOICE NUMBER: 129748

INVOICE DATE: 05/31/00 | PAGE: 1

P.O. NUMBER:

**AYABLE UPON RECEIPT**

| WEEK ENDING DATE | EMPLOYEE NAME | CLASS | HOURS | OT | RATE | TOTAL |
|---|---|---|---|---|---|---|
| 05/28/00 | Campos-Ruiz, Adrianna -. | Administrative Assista . | 40.00 | 0.00 | 23.25 | 930.00 |

TOTAL DUE 930.00

EMPLOYEE NAME – LAST, FIRST, INITIAL (PRINT): CAMPOS-RUIZ, ADRIANNA E

SOCIAL SECURITY NO.: 449-95-6090 | JOB NO.: 41601 | BRANCH: GAL

CUSTOMER NAME: STAGE STORES, INC

| DAY | DATE | TIME IN | TIME OUT | LESS LUNCH | TOTAL | |
|---|---|---|---|---|---|---|
| MON | 5/22 | 7:00 | 5:30 | 1.00 | 9 | 50 |
| TUE | 5/23 | 12:30 | 6:00 | 0.00 | 5 | 50 |
| WED | 5/24 | 7:00 | 5:00 | 1.00 | 9 | 00 |
| THU | 5/25 | 7:00 | 4:00 | 1.00 | 8 | 00 |
| FRI | 5/26 | 7:00 | 4:00 | 1.00 | 8 | 00 |
| SAT | | | | | | |
| SUN | | | | | | |

WEEK ENDING DATE (SUNDAY): 5/28

Failure to specify may cause a delay in receiving your check.

MAIL CHECK ☐
HOLD CHECK ☐
DIRECT DEPOSIT ☑
OTHER ☐

TOTAL HOURS (to nearest 1/4 hour): REGULAR 40.00 | OVERTIME

EMPLOYEE STATEMENT

I hereby certify that the hours shown hereon were worked by me during the week ending designated, and were certified by an authorized representative of the company. I understand that I am to contact the Primary Services office after completing this assignment, and if I do not do so, Primary may assume that I am not then available for work. I understand that if work is offered to me at a reasonable rate, and I refuse this work, I voluntarily terminate my employment with Primary Service. I agree to the terms and conditions on reverse side.

EMPLOYEE SIGNATURE: x [signature]

TIME SHEETS MUST BE IN OUR OFFICE BY 5:30 PM TUESDAY

CLIENT AGREEMENT

It is understood that the undersigned is an authorized representative of the company, and hereby certifies that the above hours are correct and that the work was performed to your satisfaction; and that Client agrees to the terms and conditions on reverse side of this form.

SIGNATURE: x [signature] TITLE: Coop Coordinator

NEW ADDRESS:

(1) WHITE – PRIMARY SERVICES' COPY
(2) CANARY – PRIMARY SERVICES' COPY
(3) PINK – CLIENT COPY
(4) GOLDENROD – EMPLOYEE COPY

MAY 30 2000

**PRIMARY**
520 Post Oak Boulevard, Suite 550
Houston, Texas 77027 Fax (713) 622-6593
(713) 850-7010

ClibPDF - www.fastio.com