

INGOLD INVESTIGATIVE SERVICES, INC.

4015 STRAW HAT ROAD
 GREENSBORO, N.C. 27410
 PHONE-910-665-6050
 FAX-910-665-6050

SERVICE INVOICE

SERVICE FOR:
 JOHN B. HATFIELD
 DAVIS LLOYD
 ATTORNEYS FOR
 RONNIE KIMBLE

DATE 9/25/97
CASE # 92397
CASE NAME KIMBLE
SUPERVISED BY MICHAEL D. INGOLD

BILL TO:
 HATFIELD AND HATFIELD
 ATTORNEYS AT LAW
 219 W. WASHINGTON STREET
 GREENSBORO, NORTH CAROLINA 27401
 C/O STATE OF NORTH CAROLINA

DATE	TIME AND USE OF TIME	RATE	AMOUNT
9/25/97	INTERVIEW WITH L. H. SCOTT AND REPORT PREPARATION 1- HOUR	\$40.00/HR	\$40.00
9/29/97	INTERVIEW WITH DEFENDANT 3.5 HOURS	\$40.00/HR	\$160.00
9/30/97	INTERVIEW WITH MRS. STUMP 1 HOUR	\$40.00/HR	\$40.00
10/01/97	MEETING WITH KIM KIMBLE AND JACK HATFIELD 3 HOURS	\$40.00/HR	\$120.00
10/02/97	ATTEMPTING TO LOCATE MELISSA WILLIFORD 1.5 HOURS	\$40.00/HR	\$60.00
10/05/97	ATTEMPTING TO LOCATE MELISSA WILLI FORD 1.5 HOURS	\$40.00/HR	\$60.00
10/07/97	TRIP TO LYNCHBURG, VA. TO LOCATE STATE'S WITNESS MITCH WHIDDEN 7.5 HOURS	\$40.00/HR	\$300.00
10/08/97	LOCATED MITCH WHIDDEN IN LYNCHBURG, VA. AND ATTEMPTED TO INTERVIEW HIM 4 HOURS	\$40.00/HR	\$160.00
1. TOTAL INVESTIGATIVE AMOUNT			\$940.00

DATE	EXPENSES	AMOUNT
10/08/97	HOLIDAY INN LYNCHBURG, VA.	\$75.96
2. TOTAL EXPENSES		\$75.96

COMMENTS

1 \$940.00
 2 \$75.96

\$1,115.96
TOTAL DUE

MAKE CHECKS PAYABLE TO:

INGOLD INVESTIGATIVE SERVICES, INC.
 4015 STRAW HAT ROAD
 GREENSBORO, N. C. 27410

PAYMENT DUE UPON RECEIPT OF INVOICE

Holiday Inn

SELECTSM

601 Main Street, Lynchburg, VA 24504
804-528-2500 For Reservations 1-800-Holiday

212 INGOLD, MICHAEL 66.00 10/08/97 7:13 ACCT#
ROOM NAME CORO RATE DEPART 11245
KNGS 10/07/97 31 3 DEPART TIME
TYPE FIRM OR GROUP PLAN ARRIVE ARRIVAL TIME
33

ROOM CLERK	ADDRESS	PAYMENT	DATE	MEMO	REFERENCE	CHARGES	CREDITS	BALANCE DUE
			10/07	L/D PHNE	605-0603	3.36		
			10/07	ROOM	212, 1	66.00		
			10/07	RM TAX	212, 1	6.60		
			10/08	CR CD-BC			75.96	
								.00

HOLIDAY INN-SELECT
601 MAIN STREET
LYNCHBURG VA 24504
FRONT DESK TERMINAL 1

DATE: 10/26/97 TIME: 07:16
REF#: 00000000754 TERM: 0002

CHECK OUT

REF: 0697 BCH: 018
CD TYPE: MISC
TR TYPE: CO.
CHRG TYPE: LODG

AMOUNT: \$75.9

GUEST INFO: 11245

ACT: DYN
AP:

CARDHOLDER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SPEND HEREON AND AGREES TO FURNISH THE OBLIGATION SET FORTH BY THE CARDHOLDER'S AGREEMENT WITH ISSUER

Michael P. Ingold

TOP COPY - FURNISH ACTION COPY - CUSTOMER

I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON, COMPANY OR ASSOCIATION FAILS TO PAY THE FULL AMOUNT OF THESE CHARGES.

Operated by an independent owner under franchise from Holiday Inns, Inc.

GUEST SIGNATURE

Date _____ 19 _____

M _____

Address _____

Reg. No.	Clerk	Account Forward		
1				
2	1#9 TEA			
3				
4				
5	\$ 4.77			
6				
7				
8	Pike Ingold			
9	Lunch			
10				
11				
12	10/8/97			
13				
14				
15	5			

Your Account Stated to Date - If Error Is Found Return at Once
STYLE 1-A