

B 5 (Official Form 5) (12/07)

<b>UNITED STATES BANKRUPTCY COURT</b>		<b>INVOLUNTARY PETITION</b>
Northern District of Ohio		
DEBTOR (Name of Debtor. If Individual, Last, First, Middle) <b>Fair Finance Company d/b/a Fair Financial Services</b>		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.) <b>Fair Holding<sup>s</sup> Inc. DC Investments</b>
Last four digits of Social Security or other Individual's Tax-I.D. No. (Complete TIN (If more than one, state all)) <b>34-0211930</b>		
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) <b>815 E. Market Street, Akron, OH 44305</b>		MAILING ADDRESS OF DEBTOR (If different from above)  
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS <b>Summit County Ohio</b>		ZIP CODE <b>44305</b>
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed address)		
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11		
<b>INFORMATION REGARDING DEBTOR (Check applicable boxes)</b>		
<b>Nature of Debts</b> (Check one box.)  Petitioners believe:  <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	<b>Type of Debtor</b> (Form of Organization)  <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box.)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 541(c)(2) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other
<b>VENUE</b>	<b>FILING FEE (Check one box)</b>	
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.	<input checked="" type="checkbox"/> Filing fee attached.  <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the fee as specified in § 304(g) of the Bankruptcy Reform Act of 1994 is waived. <i>[If a child support creditor or its representative files this petition, and the                  petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of                  1994, no fee is required.]</i>	
<b>PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)</b>		
Name of Debtor	Case Number	Date
Relationship	District	Page
<b>ALLEGATIONS</b> (Check applicable boxes)		COURT USE ONLY
1. <input checked="" type="checkbox"/> Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303(b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount, or b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession		



105049410030200000000001

Name of Debtor Fair Finance Company

Case No. \_\_\_\_\_

**TRANSFER OF CLAIM**

Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

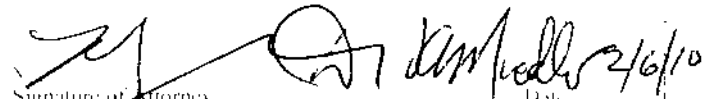
**REQUEST FOR RELIEF**

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

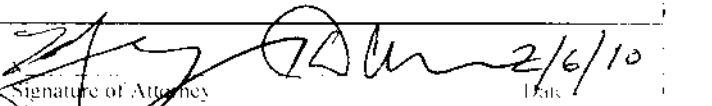
Nick Spada  
 Signature of Petitioner or Representative (State title)  
 Nick Spada  
 Name of Petitioner  
 Date Signed 2-6-10

Name & Mailing  
 Address of Individual  
 Signing in Representative  
 Capacity

  
 Signature of Attorney  
 Michael Moran/David Mucklow  
 Name of Attorney Firm (if any)  
 234 Portage Trail, Cuyahoga Falls, OH 44221  
 Address  
 (330) 929-0507  
 Telephone No.

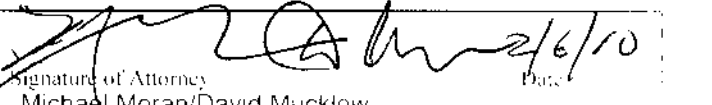
Robert P Ripley  
 Signature of Petitioner or Representative (State title)  
 Robert Ripley  
 Name of Petitioner  
 Date Signed 2-5-10

Name & Mailing  
 Address of Individual  
 Signing in Representative  
 Capacity

  
 Signature of Attorney  
 Michael Moran/David Mucklow  
 Name of Attorney Firm (if any)  
 234 Portage Trail, Cuyahoga Falls, OH 44221  
 Address  
 (330) 929-0507  
 Telephone No.

Jacques Dunaway  
 Signature of Petitioner or Representative (State title)  
 Jacques Dunaway  
 Name of Petitioner  
 Date Signed 2-5-10

Name & Mailing  
 Address of Individual  
 Signing in Representative  
 Capacity

  
 Signature of Attorney  
 Michael Moran/David Mucklow  
 Name of Attorney Firm (if any)  
 234 Portage Trail, Cuyahoga Falls, OH 44221  
 Address  
 (330) 929-0507  
 Telephone No.

**PETITIONING CREDITORS**

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Nick Spada, 4520 Cottage Grove, Uniontown, OH 44685	Certificate holder	7,900.00
Jacques Dunaway, 3635 Avanti Lane, Uniontown, OH 4468	Certificate holder	6,300.00
Robert Ripley, P.O. Box 94, Tailmadge, OH 44278	Certificate holder	1,000.00
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.	Total Amount of Petitioner's Claims	16,938.59

continuation sheets attached