

**PROOF OF CLAIM**

In re  
**Cornerstone Ministries Investments, Inc**

Case Number  
**08-20355-reb**

**FILED**

**MAR 03 2008**

**BMC**

If you have already filed a proof of claim with the  
Bankruptcy Court or BMC you do not need to file again  
**THIS SPACE IS FOR COURT USE ONLY**

NOTE See Reverse for List of Debtors/Case Numbers/ important details This form  
should not be used to make a claim for an administrative expense arising after the  
commencement of the case A request for payment of an administrative expense may be  
filed pursuant to 11 U S C § 503

Check box if you are  
aware that anyone else has  
filed a proof of claim relating to  
your claim Attach copy of  
statement giving particulars

Check box if you have  
never received any notices  
from the bankruptcy court or  
BMC Group in this case

Check box if this address  
differs from the address on the  
envelope sent to you by the  
court

**Name of Creditor and Address** the person or other entity to who the debtor  
owes money or property

14327826001998  
JOHN C MEREDITH  
SARAH M MEREDITH  
6813 VICTOR DR  
PARKVILLE MO 64152

Creditor Telephone Number ( )

Name and address where payment should be sent (if different from above)

Check this box if you are the debtor or trustee in this case

Check here  replaces a previously filed claim dated \_\_\_\_\_  
if this claim or  
 amends claim number (see reverse) \_\_\_\_\_

Payment Telephone Number **(816) 741 2337 (1-816-741 2337)**

**1 AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 18,498.19**

If all or part of your claim is secured complete item 4c below however if all of your claim is unsecured do not complete item 4c  
If all or part of your claim is entitled to priority complete item 4b

Check this box if claim includes interest or other charges in addition to the principal amount of claim Attach itemized statement of interest or charges

**2 BASIS FOR CLAIM**

(See instructions  
#2 and #3a on  
reverse side )

**3 LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR  
IDENTIFIES DEBTOR**

**3035**

3a Debtor may have scheduled account as

**4 CLASSIFICATION OF CLAIM**

**4a UNSECURED NONPRIORITY CLAIM**

Total unsecured nonpriority claim \$ **18,498.19**

**DO NOT** include the priority portion  
of your unsecured claim here

**4b UNSECURED PRIORITY CLAIM**

Total unsecured priority claim \$ \_\_\_\_\_

Include **ONLY** the priority portion of  
your unsecured claim here

Check this box **ONLY** if you have an unsecured  
claim all or part of which is entitled to priority

**You MUST specify the priority of the claim**

- Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)
- Wages salaries or commissions (up to \$10 950\*) earned within 180 days  
before filing of the bankruptcy petition or cessation of the debtor's  
business whichever is earlier 11 U S C § 507(a)(4)
- Contributions to an employee benefit plan 11 U S C § 507(a)(5)

- Up to \$2 425 of deposits toward purchase lease or rental of property or  
services for personal family or household use 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 4/1/10 and every 3 years thereafter  
with respect to cases commenced on or after the date of adjustment

**4c SECURED CLAIM** (See instruction #4c on reverse side )

Check the appropriate box if your claim is secured by a lien on property or  
a right of set off and provide the requested information

**Nature of property or right of setoff**

- Real Estate  Motor Vehicle
- Other \_\_\_\_\_

Total secured claim \$ \_\_\_\_\_

**DO NOT** include the priority or  
unsecured portion of your claim here.

Value of Property \$ \_\_\_\_\_ Annual Interest Rate \_\_\_\_\_ %

Amount of arrearage and other charges at time case filed included in secured claim  
if any \$ \_\_\_\_\_ Basis for Perfection \_\_\_\_\_

**5 CREDITS** The amount of all payments on this claim has been credited for the purpose of making this proof of claim

**6 SUPPORTING DOCUMENTS** Attach redacted copies of supporting doc such as promissory notes purchase orders invoices itemized statements of  
running accounts contracts court judgments mortgages security agreements You may also attach a summary Attach redacted copies of evidence of  
perfection of a security interest (See definition of redacted on reverse side ) If the documents are not available please explain

**7 DATE-STAMPED COPY**

DO NOT SEND ORIGINAL DOCUMENTS ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING

To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim

**The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT  
ACCEPTED) so that it is actually received on or before the Bar date**

**THIS SPACE FOR COURT  
USE ONLY**

**BY MAIL TO**  
Cornerstone Ministries Investments Inc  
c/o BMC Group  
PO Box 900  
El Segundo CA 90245 0900

**BY HAND OR OVERNIGHT DELIVERY TO**  
Cornerstone Ministries Investments Inc  
c/o BMC Group  
1330 East Franklin Ave  
El Segundo CA 90245



**DATE**  
**Feb 25, 2008**

**SIGNATURE** The person filing this claim must sign it Sign and print name and title if any of the creditor or other person authorized to file this  
claim and state address and telephone number if different from the notice address above Attach copy of power of attorney if any

*John C Meredith - John C. Meredith*