

PROOF OF CLAIM

In re Cornerstone Ministries Investments, Inc

Case Number 08-20355-reb

FILED

MAR 03 2008

BMC

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

Name of Creditor and Address the person or other entity to who the debtor owes money or property
F JACK & JANELLE C GIDDINGS
115 CROYDON ROAD
SPARTANBURG SC 29301

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

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

Creditor Telephone Number 864 576-1653

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 if this claim replaces a previously filed claim dated or amends claim number (see reverse)

Payment Telephone Number 864 576-1653

1 AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 47,507.24
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 UNSECURED (See instructions #2 and #3a on reverse side)

3 LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 8888
3a Debtor may have scheduled account as 3656

4 CLASSIFICATION OF CLAIM
4a UNSECURED NONPRIORITY CLAIM Total unsecured nonpriority claim \$ 47,507.24 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 \$
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
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

THIS SPACE FOR COURT USE ONLY
Cornerstone
00122

DATE 3/1/08 SIGNATURE F. Jack Giddings, Janelle C Giddings
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

CORNERSTONE
Ministries Investments, Inc

2450 ATLANTA HIGHWAY SUITE 903
 CUMMING GA 30040
 (678) 455 1100

Statement
 As Of 12/31/2007

F Jack & Janell C Giddings
 115 Croydon Road
 Spartanburg, SC 29301

Handwritten:
 - 11/2-13-08 -

BROKER
 Wellstone-Sickert

BOND #	ISSUE DATE	MAT DATE	INT RATE	INT PAID	PRINCIPAL	UNPAID ACCD INT	VALUE
3056	08/31/2004	07/01/2009	8.25%	Semi-Annually	10,412.50	427.13	10,839.63
8888	03/15/2007	01/01/2012	9.00%	Semi-Annually	35,097.02	1,570.59	36,667.61
DEBT TOTALS					45,509.52	1,997.72	47,507.24