

PROOF OF CLAIM

In re
Cornerstone Ministries Investments, Inc

Case Number
08-20355-reb

FILED

MAR 11 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

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

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

EMMA PLETCHER
107 LARGE ST
MEYERSVALE PA 15552

Creditor Telephone Number (814) 634-0959

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 ()

1 AMOUNT OF CLAIM AS OF DATE CASE FILED \$14,250.00

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

Money loaned

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

3 LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 1326

3a Debtor may have scheduled account as

4 CLASSIFICATION OF CLAIM

4a UNSECURED NONPRIORITY CLAIM

Total unsecured nonpriority claim \$14,250.00 plus \$84.24 interest **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

Total secured claim \$ _____ **DO NOT** include the priority or unsecured portion of your claim here.

Nature of property or right of setoff

Value of Property \$ _____ Annual Interest Rate _____ %

- Real Estate Motor Vehicle
- Other _____

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



00307

DATE
3-5-08

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

Emma M. Pletcher

YELOVICH & FLOWER
ATTORNEYS AND COUNSELORS AT LAW
166 EAST UNION STREET
SOMERSET, PENNSYLVANIA 15501

March 5, 2008

JAMES B YELOVICH ESQ
DAVID J FLOWER ESQ

FAX NO
814 445 6362
AREA CODE 814
443 1624

CARL WALKER METZGAR ESQ

DEBRA M KINNEER
Paralegal

Cornerstone Ministries Investments, Inc
C/o BMC Group
P O Box 900
El Segundo, California 90245-0900

Certified Mail Return Receipt Requested

Re Emma Pletcher
Certificate Number 1326
Proof of Claim

Gentlemen

Enclosed you will find the Proof of Claim submitted by Emma Pletcher with the required supporting documents. I am also providing a copy of the Proof of Claim and a self addressed stamped envelope for your using in providing me with an acknowledgment of filing this claim.

Kindly forward a copy of any and all future correspondence to both Ms Pletcher and my office.

Thank you

Very truly yours,


David J Flower, Esq

DJF ds
Enclosure

cc Emma Pletcher (w/enclosures)

CONFIRMATION OF PURCHASE

PIF/Cornerstone Ministries Investments, Inc.
Certificate of Indebtedness
6030 Bethelview Rd , #203, Cumming, GA 30040
(678) 455-1100

BOOK ENTRY

(Certificates are not issued, but entered as book entry at
Transfer Online, Portland, Oregon)

Thanks for your partnership with us! Your investment is confirmed as follows

REGISTRATION

Emma Pletcher
608 S Timber Trail
Wildwood FL 34785

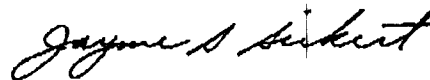
AMOUNT.	ISSUE DATE	MATURITY DATE:	CERTIFICATE #
\$14,250 00	10/31/2002	10/1/2007	1326

TYPE OF CERTIFICATE.

Rate	9 00%
Payment Schedule.	Semi-Annually
Compounding Schedule	None

OTHER REMARKS

Commonwealth-Waller



Jayme S Sickert
Senior Vice President

10 25.02
[Signature]

CERTIFICATE OF INDEBTEDNESS PURCHASE AGREEMENT

(For assistance in filling out this form, please see the reverse side)

Mail Completed Form to PIF/Cornerstone Ministries Investments, Inc
6030 Bethelview Road, Suite #203
Cumming, GA 30040

Please issue a certificate of indebtedness of PIF/Cornerstone Ministries Investments, Inc in the amount and name shown below I have received and had an opportunity to read the Prospectus I certify (i) that the number shown on this form is my correct taxpayer identification number, and (ii) that I am not subject to backup withholding

Signature *Emma Fletcher* Date 10/23/2002

Signature _____ Date _____

Enclosed is payment for purchase of the following certificates

Access Certificate \$ _____ Interest paid semi annually _____ at redemption _____
(minimum \$100)

Graduated Certificate \$ _____ Interest paid monthly (for investments of \$10,000 or more) _____
(minimum \$500) semi-annually _____ compounded _____

9% Five-Year Certificate \$14,250.00 Interest paid monthly (for investments of \$10,000 or more) _____
(minimum \$500) semi-annually X compounded _____

Make checks payable to PIF/CVI, Inc

1326

Register the certificates in the following name(s)

Name (1) EMMA FLETCHER Social Security or Taxpayer ID number 5023 Birthdate 1928

Name (2) _____ Social Security or Taxpayer ID number _____

As (check one)

Individual X Joint Tenants _____ Custodial (certificates owned by minors) _____

Tenants in Common _____ Corporation _____ Trust _____ Other _____

RETIREMENT ACCOUNT () Traditional IRA () Roth IRA () ROTH Custodian _____

Mailing Address for the person(s) who will be registered certificate owner(s)

Address 608 S. Timber Trail

City, State & Zip Code Wildwood, FL 34785 e-mail address WG331902@SCIA Net

Telephone Number Business () _____ Home (852) 748-3143

Yes I want to save the cost of printing and mailing financial reports, proxy statements, and other documents. Please send all shareholder communications to my email address. Signature *Emma Fletcher*

Please attach any special mailing instructions other than shown above

NO SUBSCRIPTION IS EFFECTIVE UNTIL ACCEPTANCE

You will be mailed a signed copy of this agreement to retain for your records

Subscription accepted by Cornerstone Ministries Investments, Inc and its sales representative

Jayne Sickert, Sr Vice President *Jayne Sickert* Date 10-31-02

Broker Dealer _____ Broker JIM WALTER