

PROOF OF CLAIM

In re
Cornerstone Ministries Investments, Inc

Case Number
08-20355-reb

FILED
MAR 12 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

14327826002029
JOHN L GRAHAM
BARBARA W GRAHAM
612 DALI DRIVE
BRANDON FL 33511

Creditor Telephone Number () **813-654-0201**

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

SAME

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 ()

1 AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 50,000.00

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

BOND

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

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

6458

3a Debtor may have scheduled account as

4 CLASSIFICATION OF CLAIM

4a UNSECURED NONPRIORITY CLAIM

Total unsecured nonpriority claim **\$ 50,000.00**

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

Real Estate Motor Vehicle

Other _____

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
Mar 9, 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
Barbara W Graham

BOND PURCHASE AGREEMENT

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

Cornerstone Ministries Investments, Inc.

2450 Atlanta Highway, Suite 903

Cumming, GA 30040

(678) 455-1100

REC

Please issue a Cornerstone Ministries Investments, Inc Bond in the amount and name shown below I have received 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: [Signature] Date 9-2-2004

Signature: [Signature] Date 9-2-2004

Enclosed is payment for purchase of the Bond

Graduated Bond ~~\$25,000~~ Interest paid monthly (for investments of \$10,000 or more) semi-annually _____ compounded _____

Five-Year Bond \$ 50,000 Interest paid monthly (for investments of \$10,000 or more) semi-annually _____ compounded _____

Make checks payable to: **Cornerstone Ministries Investments, Inc.** 6458

Register the Bond in the following name(s)

Name(1) JOHN I. GRAHAM Social Security or Taxpayer ID number [Redacted] Birthdate 8026

Name (2) BARBARA W. GRAHAM Social Security or Taxpayer ID number [Redacted] 9046

As (check one)

Individual _____ Joint Tenants Transfer on Death _____
(attach instructions)
Tenants in Common _____ Custodial (owned by minors) _____
Corporation _____ Trust _____ Other _____

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

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

Address 612 DALI DRIVE

City, State & Zip Code BRANDON FL 33511 e-mail address _____

Telephone Number Business () Home (813) 654-0201

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 _____

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

[Signature] Date _____

Broker/Dealer _____ Broker _____

CONFIRMATION OF PURCHASE

Cornerstone Ministries Investments, Inc.
2450 Atlanta Highway, Suite 903, 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:

John L. Graham
Barbara W. Graham
612 Dah Drive
Brandon FL 33511

AMOUNT:	ISSUE DATE:	MATURITY DATE:	CERTIFICATE #:
\$50,000 00	9/8/2004	7/1/2009	6458

TYPE OF CERTIFICATE.

Rate	8.25%
Payment Schedule	Monthly
Compounding Schedule	None

OTHER REMARKS: