


UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA GAINESVILLE DIVISION		PROOF OF CLAIM		<h1>FILED</h1> MAR 14 2008 <h1>BMC</h1>
In re Cornerstone Ministries Investments, Inc		Case Number 08-20355-reb		
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		<input type="checkbox"/> 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 <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case <input type="checkbox"/> 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		Creditor Telephone Number (904) 272-4881		
14327826000090 ALBERT L HENRY 1788 EMERALD LANE MIDDLEBURG FL 32068		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ or <input type="checkbox"/> amends claim number (see reverse) _____		
Name and address where payment should be sent (if different from above)		Payment Telephone Number (904) 272-4881		
1 AMOUNT OF CLAIM AS OF DATE CASE FILED \$ _____		3 LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR		
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 <input type="checkbox"/> 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		3a. Debtor may have scheduled account as _____ (See instructions #2 and #3a on reverse side)		
2 BASIS FOR CLAIM MONEY LOANED		4 CLASSIFICATION OF CLAIM		
4a. UNSECURED NONPRIORITY CLAIM Total unsecured nonpriority claim \$ _____ 4b UNSECURED PRIORITY CLAIM Total unsecured priority claim \$ 199,116.93		DO NOT include the priority portion of your unsecured claim here Include ONLY the priority portion of your unsecured claim here		
<input type="checkbox"/> 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 <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> 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). <input checked="" type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)		<input type="checkbox"/> 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) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> 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 \$ _____ 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 documents 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 Cornerstone  00404		
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 3/11/08	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 Albert L. Henry			

CORNERSTONE
Ministries Investments, Inc.

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

Statement
 As Of 12/31/2007

Albert L Henry - RTC
 1788 Emerald Lane
 Middleburg, FL 32068

BROKER

BOND #:	ISSUE DATE:	MAT DATE:	INT RATE:	INT PAID	PRINCIPAL:	UNPAID ACCD INT:	VALUE:
7953	09/18/2006	10/01/2011	9 00%	At Maturity	175,794 21	20,380 11	196,174 32
DEBT TOTALS:					175,794.21	20,380.11	196,174.32

+ Interest at 9% January & February 2008

2,942.61

199,116.93