UNITED STATES BANKRUPTCY COURT, NORTHERN DISTRICT OF GEORGIA GAINESVILLE DIVISION	PROOF OF CLAIM								
In re Cornerstone Ministries Investments, Inc	Case Number 08-20355-reb		F						
NOTE See Reverse for List of Debtors/Case Numbers/ important details. This f 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 experfiled pursuant to 11 U S C § 503  Name of Creditor and Address the person or other entity to who the owes money or property.	ed to make a claim for an administrative expense arising after the of the case. A request for payment of an administrative expense may be 11 U S C § 503  editor and Address the person or other entity to who the debtor		ck box if you are at anyone else has nof of claim relating to n Attach copy of t giving particulars		BNC				
HOLLY PRINE MARTIN 30 SEED-TICK RD CALEDONIA MS 39740			ck box if you have served any notices bankruptcy court or sup in this case		_				
Creditor Telephone Number (100)2 - 353 319 - 7477			ck box if this address om the address on the sent to you by the	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 debtor or trustee in this case.					
Name and address where <b>payment</b> should be sent (if different from above)			Check this box if you are the debtor or trustee in this case  replaces a previously filed claim dated  Check here or this claim amends claim number (see reverse)						
Payment Telephone Number ( )  1 AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 26, 60	169	ewlq	+ rest	1103					
If all or part of your claim is secured complete item 4c below however if all or part of your claim is entitled to priority complete item 4b					or charges				
Check this box if claim includes interest or other charges in addition to the principal amount of BASIS FOR CLAIM  (See instructions #2 and #3a on reverse side)			a on IDENTIFIES DEBTOR ANY NUMBER BY WHICH CREDITOR						
4 CLASSIFICATION OF CLAIM 4a UNSECURED NONPRIORITY CLAIM  4b UNSECURED PRIORITY CLAIM  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 day before filing of the bankruptcy petition or cessation of the debtor s business whichever is earlier 11 U S C § 507(a)(4)	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) ()								
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Amou with res	ints are subject to adju spect to cases comme	istment on 4/1/10 an nced on or after the	d every 3 years thereafter date of adjustment  DO NOT include the priority or				
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  Total secured claim \$ Value of Property  Amount of arrearage and of					unsecured portion of your claim here nual Interest Rate%				
Other  5 CREDITS The amount of all payments on this claim has been creations.	edited for t	ıf any \$ Basis for Perfection							
6 SUPPORTING DOCUMENTS <u>Attach redacted copies of supp</u> running accounts contracts court judgments mortgages security perfection of a security interest (See definition of redacted on re	orting doc agreemer verse side END ORIGIN	such as p its You m ) IAL DOCUI	oromissory notes punay also attach a suifith fith MENTS ATTACHED [	irchase orders inv mmary Attach red le documents are no DOCUMENTS MAY	dacted copies of evidence of tavailable please explain  BE DESTROYED AFTER SCANNING				
The original of this completed proof of claim form must be se ACCEPTED) so that it is actually received on or before the Ba		THE SPACE FOR COURT							
BY MAIL TO Cornerstone Ministries Investments Inc c/o BMC Group PO Box 900 El Segundo CA 90245 0900	O nc	MAR 2 0 2008							
DATE SIGNATURE The person filing this claim medical mand state address and to the state address and the state a	telephone n	Sign and prumber if dif	int name and title if ar ferent from the notice	y of the creditor or address above Atta	ch copy of power of attorney if any				
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonn	nent for up to	o 5 years o	or both 18 U S C §§	152 AND 3571	Cornerstone				



**Statement As Of 12/31/2007** 

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

> Holly Prine Martin 30 Seed-Tick Rd Caledonia, MS 39740

**BROKER** 

BOND #	ISSUE DATE	MAT DATE	INT RATE	INT PAID	PRINCIPAL	UNPAID ACCD INT	VALUE
9130	03/15/2007	01/01/2012	9 00%	At Maturity	24,858 40	1 743 29	26,601 69
DEBT TO	TALS				24,858 40	1,743 29	26,601 69