	PROOF OF CLAIM					
In re Cornerstone Ministries Investments, Inc	Case Nu 08-2	ımber 0355-r	eb	r=		
NOTE See Reverse for List of Debtors/Case Numbers/ important details. This fishould 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 expensified pursuant to 11 U S C § 503	10	Check box if you are aware that anyone else has filed a proof of claim relating to			FILED	
Name of Creditor and Address the person or other entity to who the owes money or property			m Attach copy of nt giving particulars		MAR 2 6 2008	
EDITH CARMICHAEL WILLIAM CARMICHAEL 5459 33RD STREET SW LANETT AL 36863		envelope sent to you by the Bankruptcy Cour			BMC	
				eady filed a proof of claim with the or BMC you do not need to file again		
reditor Telephone Number () 100 113 1003 ame and address where payment should be sent (if different from above)		Check this box if you are the debtor or trustee		E IS FOR COURT USE ONLY In this case		
			replack here o	sly filed claim dated		
Payment Telephone Number ()		1	ame	nds claim num	nber (see reverse)	
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 2 BASIS FOR CLAIM					or charges IMBER BY WHICH CREDITOR	
BOND	#2 and # reverse s	d #3a on IDENTIFIES DEBTO		DR	2629	
4 CLASSIFICATION OF CLAIM 4a UNSECURED NONPRIORITY CLAIM Total unsec	Total unsecured nonpriority claim \$ 50,848.29 DO NOT include the priority portion of your unsecured claim here					
4b UNSECURED PRIORITY CLAIM Include ONLY the priority portion of						
claim all or part of which is entitled to priority	Total unsecured priority claim \$				your unsecured claim here	
You MUST specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$	2 425 of deposits towa s for personal family o	rd purchase lease	or rental of property or	
Wages salaries or commissions (up to \$10 950) earned within 180 days before filing of the bankruptcy petition or cessation of the debtors		Taxes	or penalties owed to go	vernmental units	11 U S C § 507(a)(8)	
business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L.	* Amou		tment on 4/1/10 an	nd 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) DO NOT include the priority or						
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 Total secured claim \$ Value of Property \$				Δn	unsecured portion of your claim here. nual Interest Rate%	
Real Estate Motor Vehicle	Amount	of arrearage and other charges at time case filed included in secured claim				
JOther 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) 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 Cornerston C				Cornerstone		
DATE 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 cony of power of attorney if any Carry						