

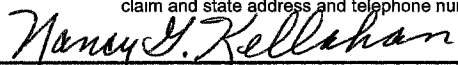


UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA GAINESVILLE DIVISION		PROOF OF CLAIM		<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em;">APR 03 2008</div> <div style="font-size: 2em; font-weight: bold;">BMC</div>
In re Cornerstone Ministries Investments, 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		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case <input type="checkbox"/> replaces a previously filed claim dated _____ or <input type="checkbox"/> amends claim number (see reverse) _____		
 14327826002883 NANCY G KELLAHAN CUSTODIAN FOR R HADDON KELLAHAN UGMA 616 FIFTH AVENUE NORTH SURFSIDE BEACH SC 29575		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		
Creditor Telephone Number (843) 712 2344				
Name and address where payment should be sent (if different from above)				
Payment Telephone Number (843) 712 2344				
1 AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 75,182.24 + 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				
2 BASIS FOR CLAIM Bonds 17, 2425, & 6207		3 LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 17, 2425, 6207 3a Debtor may have scheduled account as		
4 CLASSIFICATION OF CLAIM 4a UNSECURED NONPRIORITY CLAIM Total unsecured nonpriority claim \$ 75,182.24 + DO NOT include the priority portion of your unsecured claim here 4b UNSECURED PRIORITY CLAIM Total unsecured priority claim \$ 75,182.24 + 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 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 Nature of property or right of setoff <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____		Total secured claim \$ _____ DO NOT include the priority or unsecured portion of your claim here. Value of Property \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges <u>at time case filed</u> 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 BY MAIL TO Cornerstone Ministries Investments Inc c/o BMC Group PO Box 900 El Segundo CA 90245 0900		THIS SPACE FOR COURT USE ONLY BY HAND OR OVERNIGHT DELIVERY TO Cornerstone Ministries Investments Inc c/o BMC Group 1330 East Franklin Ave El Segundo CA 90245 <div style="text-align: center;">  00781 </div>		
DATE 2008 3-24-08	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 			



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

Statement
As Of 12/31/2007

Nancy G Kellahan custodian
for R Haddon Kellahan, UGMA
616 Fifth Avenue North
Surfside Beach, SC 29575

BROKER

BOND #:	ISSUE DATE	MAT DATE.	INT RATE:	INT PAID	PRINCIPAL	UNPAID ACCD INT.	VALUE.
17	10/15/2002	02/01/2008	9 00%	At Maturity	18,979 79	10,763 81	29,743 60
2425	04/15/2003	04/01/2008	9 00%	At Maturity	15,179 69	7,803 46	22 983 15
6207	07/21/2004	07/01/2009	8 25%	At Maturity	17,000 00	5,455 49	22,455 49
DEBT TOTALS.					51,159.48	24,022.76	75,182.24
