

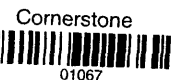


UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF CALIFORNIA SAN JOSE DIVISION		PROOF OF CLAIM	
In re Cornerstone Ministries Investments, Inc		Case Number 08-20355-reb	
NOTE See Reverse for List of Debtors/Case Numbers/ important details This form should not be used to make a claim for an administrative 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	
Name of Creditor and Address the person or other entity to who the debtor owes money or property  14327826001641 HUGHES FAMILY TRUST SHIRELY L HUGHES TTEE 8 ADDISON LANE BELLA VISTA AR 72715		<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	
Creditor Telephone Number ()		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 and address where payment should be sent (if different from above)			
Payment Telephone Number ()		<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) _____	
1 AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>25,430.39</u> 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 <u>Bond Holder # 9806</u>		(See instructions #2 and #3a on reverse side) 3 LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 3a Debtor may have scheduled account as _____	
CLASSIFICATION OF CLAIM			
4a UNSECURED NONPRIORITY CLAIM		Total unsecured nonpriority claim \$ <u>25,430.39</u>	
<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		DO NOT include the priority portion of your unsecured claim here	
<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) (_____) <i>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</i>	
4b UNSECURED PRIORITY CLAIM <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		Total unsecured priority claim \$ _____ DO NOT include the priority or unsecured portion of your claim here	
<input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____		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 _____	
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			
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			
DATE <u>5-6-08</u>		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 <u>Shirely L Hughes</u> SHIRELY L HUGHES, TRUSTEE	
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	
		THIS SPACE IS FOR COURT USE ONLY 	

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571



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:

Hughes Family Trust,
Shirely L. Hughes TTEE
8 Addison Lane
Bella Vista AR 72715

AMOUNT:	ISSUE DATE:	MATURITY DATE:	CERTIFICATE #:
\$25,000 00	11/21/2007	10/1/2012	9806

TYPE OF CERTIFICATE:

5 Year Bond - 9 00% interest annually,
Paid Monthly

OTHER REMARKS:

Cambridge-Godbee

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

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 Shirley L Hughes Date 11/8/2007
Signature _____ Date _____

9806

Enclosed is payment for purchase of the Bond

Graduated Bond \$ _____ Interest paid monthly (for investments of \$10,000 or more) _____
(minimum \$500) semi-annually _____ compounded _____
Five-Year Bond \$ 25,000 Interest paid monthly (for investments of \$10,000 or more) X
(minimum \$500) semi-annually _____ compounded _____

Make checks payable to. Cornerstone Ministries Investments, Inc

Register the Bond in the following name(s)

Name(1) Shirley L Hughes TTEE
Hughes Family Trust Social Security or Taxpayer ID number [REDACTED] 9840 Birthdate [REDACTED] 11/9/31
Name (2) _____ Social Security or Taxpayer ID number _____

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 8 Addison Lane
City, State & Zip Code Bella Vista AR 72715 e-mail address _____
Telephone Number Business () N/A Home [REDACTED]

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

Date _____
Broker/Dealer Cambridge Legacy Securities LLC Broker Henry H "Mad" Cobble IV

RECEIVED NOV 21 2007

[Handwritten mark]