

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
GAINESVILLE 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.

Name of Creditor and Address: the person or other entity to who the debtor owes money or property

 14327970001432
GEORGE HELLA
7 MALAGA WAY
HOT SPRINGS VILLAGE, AR 71909

Creditor Telephone Number **601 922 1888**

Name and address where payment should be sent (if different from above):

Payment Telephone Number ()

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.

Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.

Check box if this address differs from the address on the envelope sent to you by the court.

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

Check this box if you are the debtor or trustee in this case.

Check here if this claim replaces a previously filed claim dated: _____ or amends claim number (see reverse): _____

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ **65623.73**
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.
 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:
Bond Holder # 6561

(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: _____

4. CLASSIFICATION OF CLAIM.
4a. UNSECURED NONPRIORITY CLAIM Total unsecured nonpriority claim: \$ **65623.73** **DO NOT** include the priority portion of your unsecured claim here.

4b. UNSECURED PRIORITY CLAIM Total unsecured priority claim: \$ _____ Include **ONLY** the priority portion of your unsecured claim here.

- 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 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).
 - Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
 - 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) (_____).
- * 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:
 Real Estate Motor Vehicle 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 **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 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

BY HAND OR OVERNIGHT DELIVERY TO:
Cornerstone Ministries Investments, Inc.
c/o BMC Group
1330 East Franklin Ave
El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY
FILED
SEP 04 2008
BMC GROUP

DATE
08-27-08

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.
