

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF CALIFORNIA GENERAL DISTRICT		PROOF OF CLAIM	
In re <i>Cornerstone Ministries Investments, INC</i>		Case Number: <i>08-20355-Feb</i>	
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 USC § 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		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	
<i>Millie H. Griswold P.O. Box 4760 Dowling Park, FB 32064</i>			
Creditor Telephone Number ()			
Name and address where payment should be sent (if different from above)		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case Check here <input type="checkbox"/> replaces a previously filed claim dated _____ if this claim or <input type="checkbox"/> amends claim number (see reverse) _____	
Payment Telephone Number ()			
1 AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <i>5,000 + interest</i> 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 <i>bankruptcy</i>		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 \$ <i>5,000.00</i>	
4b. UNSECURED PRIORITY CLAIM		Total 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 <input type="checkbox"/> Domestic support obligations under 11 USC § 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 USC § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 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 USC § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 USC § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 USC § 507(a) (_____) <small>* 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.</small>	
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.		THIS SPACE FOR COURT USE ONLY FILED SEP 17 2008 BMC GROUP	
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 444 N Nash St El Segundo CA 90245-2822	
DATE <i>9/15/2008</i>	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. <i>Millie H. Griswold</i>		

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



2416-50 8487R

9/23/05

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:

Gold Star Trust Co. FBO

Millie H. Griswold

P.O. Box 33487

Phoenix

AZ 85067

AMOUNT.	ISSUE DATE	MATURITY DATE.	CERTIFICATE #
\$5,000 00	9/27/2005	7/1/2010	7706

TYPE OF CERTIFICATE:

Rate	8.25%
Payment Schedule	At Maturity
Compounding Schedule	Semi-Annually

OTHER REMARKS:

AmericanH-Navarette