

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

14330036003958
W CALVIN JONES
MARJORIE A JONES
2441 DOG WOOD LANE
ORANGE PARK FL 32073

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

Creditor Telephone Number 904 264 3678
Name and address where payment should be sent (if different from above)

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)

Payment Telephone Number

1 AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 30412.00
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

Money loaned, Bonds

(See instructions #2 and #3a on reverse side)

3 LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 5250

3a Debtor may have scheduled account as

4 CLASSIFICATION OF CLAIM

4a UNSECURED NONPRIORITY CLAIM

Total unsecured nonpriority claim \$ 30412.00

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

Total secured claim \$

DO NOT include the priority or unsecured portion of your claim here

Nature of property or right of setoff

Value of Property \$

Annual Interest Rate %

Real Estate Motor Vehicle

Amount of arrearage and other charges at time case filed included in secured claim

Other

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 docs 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

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

SEP 22 2008

BMC GROUP

DATE

9-18-08

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

W Calvin Jones

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