UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA GAINESVILLE DIVISION	PRO	OOF (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 ansing after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U S C § 503			ck box if you are at anyone else has oof of claim relating to					
Name of Creditor and Address the person or other entity to who the debtor owes money or property			your claim Attach copy of statement giving particulars					
MELVIN L MILLER TOD JEFFREY L MILLER 754 HARDWICK COURT ORLANDO FL 32825	2743	Chenever rectifrom the BMC Ground Chenediffers froe envelopee	ck box if you have beived any notices bankruptcy court or out in this case ck box if this address on the address on the sent to you by the	Bankruptcy Court of	ady filed a proof of claim with the or BMC you do not need to file again			
Creditor Telephone Number () Name and address where payment should be sent (if different from	above)	court	k this box if you are the		E IS FOR COURT USE ONLY			
Payment Telephone Number ()	above	Chec	k here repla	aces a previous	ber (see reverse)			
I AMOUNT OF CLAIM AS OF DATE CASE FILED If all or part of your claim is secured complete item 4c below however if all 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 p	·				charges			
2 BASIS FOR CLAIM # 7018 # 7567	#2 and #3a on IDENTIFIES DEBTO			OR	MBER BY WHICH CREDITOR			
4 CLASSIFICATION OF CLAIM 4a UNSECURED NONPRIORITY CLAIM Total unsec	ured nonpr	nority claim	3a Debtor may have \$ 11,89	6.D6	DO NOT include the pnority portion of your unsecured claim here			
4b UNSECURED PRIORITY CLAIM Check this box ONLY if you have an unsecured claim all or part of which is entitled to priority Total unsecured priority claim \$ include ONLY the priority portion of your unsecured claim here								
You MUST specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)			2 425 of deposits towa					
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)			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) ()					
Contributions to an employee benefit plan 11 U S C § 507(a)(5)			l every 3 years thereafter late of adjustment					
a night of set off and provide the requested information Nature of property or right of setoff Page Estate Motor Vehicle		cured claim	\$		DO NOT include the priority or unsecured portion of your claim here			
		ount 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 cree 6 SUPPORTING DOCUMENTS <u>Attach redacted copies of supporunning accounts contracts court judgments mortgages security perfection of a security interest (See definition of redacted on rev</u>	<i>rting doc</i> s agreemen erse side	such as parts You m	romissory notes pur pay also attach a su If the	rchase orders inv mmary Attach re documents are not	voices itemized statements of dacted copies of evidence of available please explain E DESTROYED AFTER SCANNING			
7 DATE-STAMPED COPY DO NOT SEN To receive an acknowledgment of the filing of your claim enclose a					7777			
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before the Bar	t by mail				THIS SPACE FOR COURT SEPE 2 5 2008			
BY MAIL TO Cornerstone Ministries Investments Inc c/o BMC Group	BY HAND OR OVERNIGHT DELIVERY TO Cornerstone Ministries Investments in c/o BMC Group			nc	BMC GROUP			
		do CA 90)245 2822	, 	Cornerstone			
PATE SIGNATURE The person filing this claim mus claim and state address and tele Fig. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	ephone num	n and print ober if Offe	name and title if any rent from the notice ad	of the creditor or o dress above Attach	01452 Cupy or power 0 a 0 0, 0, 0, 1			



Statement As Of 12/31/2007

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

> Melvin L Miller TOD Jeffrey L Miller 754 Hardwick Court Orlando, FL 32825

BROKER

Commonwealth-Waller

BOND #	ISSUE DATE	MAT DATE	INT RATE	INT PAID	PRINCIPAL	UNPAID ACCD INT	VALUE
7018	03/28/2005	01/01/2010	8 25%	At Maturity	7,500 00	1,873 45	9,373 45
7567	09/01/2005	07/01/2010	8 25%	At Maturity	2,000 00	415 42	2,415 42
DEBT TO	TALS				9,500 00	2,288 87	11,788 87

JANUARY/FEBRARY 2008 INTEREST #107.19

#11,788,87 +INT. 10719 TOTAL \$11,896.06