

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

 14330036002811
MIDDLE TN NATURAL GAS UTILITY DISTR
PO BOX 6
DAYTON TN 37321

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 (615) 597-4300

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

Payment Telephone Number (615) 597 4300

1 AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 44.20

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

goods sold

(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 0464
0465

4 CLASSIFICATION OF CLAIM

4a UNSECURED NONPRIORITY CLAIM

Total unsecured nonpriority claim \$ 44.20

DO NOT include the priority 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)
- 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 _____ %

Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____ Basis for Perfection _____

- Real Estate Motor Vehicle
- Other _____

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 FILED

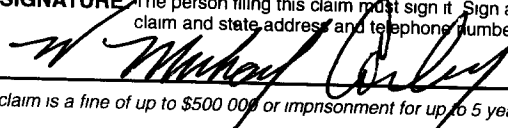
BY MAIL TO
Cornerstone Ministries Investments Inc
c/o BMC Group
PO Box 900
El Segundo CA 90245 0900

BY HAND OR OVERNIGHT DELIVERY TO
Cornerstone Ministries Investments Inc
c/o BMC Group
444 N Nash St
El Segundo CA 90245 2822

SEP 30 2008

BMC GROUP

DATE
09/22/2008

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




UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA DAYTONVILLE 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 <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 14327826002811 MIDDLE TN NATURAL GAS UTILITY DISTR PO BOX 6 DAYTON TN 37321		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 ()			
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	
Payment Telephone Number ()		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 \$ _____ 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		(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 \$ _____		DO NOT include the priority portion of your unsecured claim here	
<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 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)		4b UNSECURED PRIORITY CLAIM Total unsecured priority claim \$ _____ Include ONLY the priority portion of your unsecured claim here <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>	
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 <u>Attach redacted copies of supporting doc</u> 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 1330 East Franklin Ave El Segundo CA 90245			
DATE	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		

**Middle Tennessee Natural Gas
Utility District**

P O Box 670
Smithville, Tennessee 37166
615-597-4300 fax 615-597-4260

Date 9/22/2008

Name Cornerstone Ministries

Address P O Box 900

City El Segundo, CA 90245-0900

Phone _____

Description

Gas Service to

Dayton Pike

\$ 17 29

Matthew Rd

\$ 26 91

\$ 44 20