

<b>UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA GAINESVILLE DIVISION</b>	<b>PROOF OF CLAIM</b>
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In re <b>Cornerstone Ministries Investments, Inc</b>	Case Number <b>08-20355-reb</b>
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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

<b>Name of Creditor and Address</b> the person or other entity to who the debtor owes money or property  14330036003310 ROBERT BALAIS NANCY BALAIS JTWROS 5382 STONYBROOKS DRIVE BOYNTON BEACH FL 33437  <i>(561) 734-6664</i>	<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  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again  <b>THIS SPACE IS FOR COURT USE ONLY</b>
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Creditor Telephone Number ( )  Name and address where payment should be sent (if different from above)  <i>SAME</i>	<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) _____
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**1 AMOUNT OF CLAIM AS OF DATE CASE FILED** \$ 15,092.51  
 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

<b>2 BASIS FOR CLAIM</b> <u>BOND</u>	(See instructions #2 and #3a on reverse side )	<b>3 LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR</b> <u>CERT # 7018</u> 3a Debtor may have scheduled account as _____
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**4 CLASSIFICATION OF CLAIM**

**4a UNSECURED NONPRIORITY CLAIM** Total unsecured nonpriority claim \$ \_\_\_\_\_ **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 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

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 282	THIS SPACE FOR COURT USE ONLY <b>FILED</b>  OCT 06 2008  <b>BMC</b>
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<b>DATE</b> <u>10/02/08</u>	<b>SIGNATURE</b> 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>Robert Balais / Nancy M Balais</i>
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# 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

**Robert Balais**  
**Nancy Balais JTWROS**  
**5382 Stonybrooks Drive**  
**Boynton Beach FL 33437**

AMOUNT	ISSUE DATE	MATURITY DATE:	CERTIFICATE #
\$13,000 00	9/13/2005	9/13/2010	7618

### TYPE OF CERTIFICATE

Graduated Bond Paid at Maturity

1st Year Interest	6.25%
2nd Year Interest	6.75%
3rd Year Interest	7.25%
4th Year Interest	7.75%
5th Year Interest	8.25%

### OTHER REMARKS

Wellstone-Seay



**CORNERSTONE****Ministries Investments, Inc**

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

Statement  
 As Of 12/31/2007

Robert Balais  
 Nancy Balais JTWROS  
 5382 Stonybrooks Drive  
 Boynton Beach, FL 33437

**BROKER**  
 Wellstone-Seay

BOND #	ISSUE DATE	MAT DATE	INT RATE	INT PAID	PRINCIPAL	UNPAID ACCD INT	VALUE
7618	09/13/2005	09/13/2010	7.25%	At Maturity	13,000.00	2,092.51	15,092.51
<b>DEBT TOTALS</b>					<b>13,000.00</b>	<b>2,092.51</b>	<b>15,092.51</b>

**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 whom the debtor owes money or property  
 14327826003310  
 ROBERT BALAIS  
 NANCY BALAIS JTWROS  
 5382 STONYBROOKS DRIVE  
 BOYNTON BEACH FL 33437

- 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 ( )  
 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** \$ 15,022.51  
 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

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

**3 LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR** 7618  
 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.

**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 documents 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**  
3/8/08

**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.  
Robert Balais Nancy Balais

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