

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

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

Name of Creditor and Address the person or other entity to who the debtor owes money or property

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

14330036005442
ROSSELOT PHYLLIS M
TOD RITA B ALLEN
1010 MAPLE DR W
LEBANON IN 46052

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

Payment Telephone Number ()

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

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

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

- Real Estate Motor Vehicle
- Other _____

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

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

OCT 06 2008

BMC

Cornerstone



01628

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 the claim and state address and telephone number if different from the notice address above Attach copy of power of attorney if any

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
GAINESVILLE DIVISION**

IN RE)	
)	CASE NO 08-20355-reb
CORNERSTONE MINISTRIES)	
INVESTMENTS, INC.,)	Chapter 11
)	
Debtor)	JUDGE BRIZENDINE

**NOTICE REQUIRING FILING OF PROOFS OF CLAIM AND REQUEST FOR PAYMENT
OF ADMINISTRATIVE EXPENSES UNDER 11 U S C § 503(b)(9) FOR CREDITORS
OTHER THAN BONDHOLDERS ON OR BEFORE OCTOBER 31, 2008**

TO ALL CREDITORS AND PARTIES IN INTEREST

1 On February 10, 2008 (the "Petition Date"), Cornerstone Ministries Investments, Inc ("Debtor") filed a voluntary petition for relief under Chapter 11 of Title 11 of the United States Code (the "Bankruptcy Code") in the United States Bankruptcy Court for the Northern District of Georgia, Gainesville Division (the "Court"). The Debtor continues to operate its business and manage its properties as a debtor-in-possession pursuant to Sections 1107(a) and 1108 of the Bankruptcy Code.

2 On September 8, 2008, the Court entered an order (the "Bar Date Order") establishing **October 31, 2008, as the last date for the filing of proofs of claim** against the Debtor (the "Bar Date").

3 Pursuant to the terms of the Bar Date Order, other than the parties listed in the exceptions outlined in paragraph 5 below, CMI Bondholders and each person or entity (including, without limitation, each governmental unit, individual, partnership, joint venture, corporation, estate and trust) that wishes to assert a claim against the Debtor arising or deemed to have arisen prior to the Petition Date must file an original proof of claim with BMC Group, the Debtor's claims agent (the "Claims Agent"), substantially in conformity with Form B10 (Official Form No. 10), on or before the Bar Date at the following address:

By mail
BMC Group
Attn. Cornerstone Ministries Investments,
Inc.
P O Box 900
El Segundo, California 90245-0900

By hand delivery or courier:
BMC Group
Attn: Cornerstone Ministries Investments,
Inc
444 N. Nash Street
El Segundo, California 90245

BMC Group
Attn Cornerstone Ministries Investments, Inc
PO Box 900
El Segundo, California 90245-0900

Oct 2, 2008

Re Filing Proof of Claim

Received a form to file proof of claim by Oct 31st deadline

Sending a copy showing that Phyllis Rosselot filled with the courts per her attorney in April 2008

Thank you,
Phyllis Rosselot/Rita Allen, POA

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
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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

Name of Creditor and Address the person or other entity to who the debtor owes money or property

14327826003119

PHYLLIS M ROSSELOT
100 RITA B ALLEN
1010 MAPLE DR W
LEBANON IN 46052

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

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

Payment Telephone Number ()

1 AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 40,290.00 - plus interest at 9% as per Exhibit "A"

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
Investment Certificate noted as Exhibit "A"

(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 \$ 40,290.00

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

- Real Estate Motor Vehicle
- Other _____

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

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**FILED
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

APR 29 2008

BMC

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 the claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney if any.

4/23/08

Phyllis M Rosset