NORTHERN DISTRICT OF GEORGIA GAINESVILLE DIVISION	PROOF OF CLAIM				
În re Cornerstone Ministries Investments, Inc	Case Number 08-20355-reb				
NOTE See Reverse for List of Debtors/Case Numbers/ important details. This for 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 expens filled pursuant to 11 U.S.C. § 503	e se may be	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of			
Name of Creditor and Address the person or other entity to who the owes money or property	e debtor	your claim Attach copy of statement giving particulars			
1433003600 ROSSELOT PHYLLIS M TOD RITA B ALLEN 1010 MAPLE DR W LEBANON IN 46052	 05442	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		ady filed a proof of claim with the or BMC you do not need to file again	
Creditor Telephone Number ()		court	1	E IS FOR COURT USE ONLY	
Name and address where payment should be sent (if different from	above)	Check this box if you are the	debioi or irustee in	this case	
		Check here If this claim The claim or the claim of the			
Payment Telephone Number ()		☐ amer	nas ciaim numi	ber (see reverse)	
1 AMOUNT OF CLAIM AS OF DATE CASE FILED \$		m 10	tom 4-		
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 2 BASIS FOR CLAIM				charges MBER BY WHICH CREDITOR	
_ Short of Certiff	#2 and #	#3a on IDENTIFIES DEBT	OR		
4 CLASSIFICATION OF CLAIM	reverse	3a Debtor may have	e scheduled account		
1	cured nonpr	rionty claim \$		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	al 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)	С	Up to \$2 425 of deposits towa services for personal family or			
Wages salanes 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)		Taxes or penalties owed to gov Other Specify applicable para	agraph of 11 USC	§ 507(a) ()	
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases command			
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		ocu ed claim \$		DO NOT include the pnority or unsecured portion of your claim here	
Nature of property or right of setoff	Value of	f Property \$	Ann	nual Interest Rate %	
Real Estate Motor Vehicle Other		t of arrearage and other charges a	Bas	cluded in secured claim sis for Perfection	
5 CREDITS The amount of all payments on this claim has been cre 6 SUPPORTING DOCUMENTS Attach redacted copies of supportuning accounts contracts court judgments mortgages security perfection of a security interest (See definition of redacted on rev 7 DATE-STAMPED COPY DO NOT SEN	<i>orting doc</i> s agreemen verse side	such as promissory notes pur nts You may also attach a sui) If the	rchase orders inv immary Attach red documents are not a	voices itemized statements of dacted copies of evidence of available please explain E DESTROYED AFTER SCANNING	
To receive an acknowledgment of the filing of your claim enclose a The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before the Bar	nt by mail			OF GREEN SPACE FOR COURT	
BY MAIL TO Cornerstone Ministries Investments, Inc c/o BMC Group PO Box 900		•		OCT 06 2008	
El Segundo CA 90245 0900	El Segun	ndo CA 90245 2822		-RMC	
DATE SIGNATURE The person filing this claim mus claim and state address and tel	st sign it Siç lephone nun	gn and print name and title if any mber if different from the notice add	of the creditor or oth dress above Attach	ner person authorized to file the copy of power of attorney if any	
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonmen				Cornerstone - 01628	

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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
)	<u>-</u>
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

- 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
- 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")
- 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 Filling 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

NORTHERN DISTRICT OF GEORGIA GAINESVILLE DIVISION	PROOF OF CLAIM			_AIM	
In re	Case Nu	se Number			
Cornerstone Ministries Investments, Inc		-20355-reb			
NOTE See Reverse for List of Debtors/Case Numbers/ important details. This fi 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 expendited pursuant to 11 U.S.C. § 503	16	aware ti	eck box if you hat anyone e root of claim	ise has	
Name of Creditor and Address the person or other entity to who the owes money or property	e debtor	your cla	im Attach c nt giving par	opy of	
1432782600. PHYLLIS M ROSSELOT 1 OD RITA B ALLEN 1010 MAPLE DR W LEBANON IN 46052 Creditor Telephone Number ()	3119	never re from the BMC Gr Che differs fr	eck box if you eceived any re bankruptcy oup in this c eck box if this om the addr e sent to you	notices cour* or ase s address ess on the	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
Name and address where payment should be sent (if different from a	above)	Che	ck this box if	you are the	debtor or trustee in this case
Payment Telephone Number ()		1 .	ck here is claim	repla or amer	
1 AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 40.290	-00 -	פוונמ	intere	et at	9% as per Eybabat "A"
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					
2 BASIS FOR CLAIM Investment Certificate noted as Exhibit "A"	(See inst #2 and #3 reverse s	3a on	IDENTIFIE	ES DEBTO	
4 CLASSIFICATION OF CLAIM			3a Depto	or may nave	scheduled account as
	cured nonpri	ority clain	n \$ <u>40,</u>	290.00	DO NOT include the priority portion of your unsecured claim here
4b UNSECURED PRIORITY CLAIM Check this box ONLY if you have an unsecured Total un	nsecured pri	ority clain	n \$		Include ONLY the priority portion of your unsecured claim here
claim all or part of which is entitled to priority					
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