

**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.  
 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.

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

**ISABEL GOYZUETA  
TOD: JUAN D GOYZUETA  
9 ORCHARD HILL VISAT  
FLORIDA, NY 10921**

Creditor Telephone Number ( ) **14327826001678**

Name and address where payment should be sent (if different from above):

**SAME ADDRESS**

Payment Telephone Number **84651-3466**

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): \_\_\_\_\_

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**

1. AMOUNT OF CLAIM AS OF DATE CASE FILED **\$ 5,560<sup>00</sup> as of 10/08 for bond 5815**

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. **as of 10/1/08**

2. BASIS FOR CLAIM: **BOND PURCHASE**

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

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: **5815**  
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.  
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: \_\_\_\_\_  
Nature of property or right of setoff:  
 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 doc 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  
1330 East Franklin Ave  
El Segundo, CA 90245

**THIS SPACE FOR COURT USE ONLY**  
**FILED**  
**OCT 20 2008**  
**BMC GROUP**

DATE **10/1/08**

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.  
**Isabel Goyzueta**

# 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

Isabel Goyzueta  
TOD Walter Goyzueta  
14324 Island Cove Dr  
Orlando FL 32824

AMOUNT	ISSUE DATE	MATURITY DATE	CERTIFICATE #
\$5,000 00	6/10/2004	4/1/2009	5815

### TYPE OF CERTIFICATE

Rate	8 25%
Payment Schedule	Semi-Annually
Compounding Schedule	None

### OTHER REMARKS

Commonwealth-Varga

October 1st, 2008

Cornerstone Ministries Investments, Inc

c/o BMC Group

PO Box 900

El Segundo, CA 92405-0900

Ref Claim for Cornerstone bonds

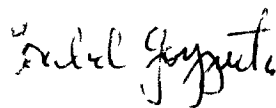
Attached are my applications for CLAIMS OF cornerstone bonds identifies as numbers 5815 and 5933

Please note that based on the court instructions, I am as bondholder exempted from submitting the original bonds as proof and therefore, I am sending copies of the bonds, Furthermore, I am filing because the figures identified in the report which was sent to me is not accurate or it does not include interests due to me

Also, please note that I am sending this via certified mail

If you have any questions, please contact my son Walter Goyzueta at 845-6513466

Sincerely,

Handwritten signature of Walter Goyzueta in cursive script.

Cc File