

PROOF OF CLAIM

In re
Cornerstone Ministries Investments, Inc

Case Number
08-20355-reb

FILED

NOV 03 2008

BMC

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.

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

**Barbara Byrd, Director
Cornerstone Ministries Investments, Inc
2450 Atlanta Hwy, Ste 904
Cumming, GA 30040**

Creditor Telephone Number ()

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

**Barbara I Byrd
125 Ocee View Court
Alpharetta, GA 30022**

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 § UNKNOWN / UNLIQUIDATED

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 ATTACHED

(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

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 \$ _____

Base 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 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

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
10/30/08

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

Barbara I Byrd BARBARA I BYRD

(770) 772-0275

Attachment to Proof of Claim Form

RE Cornerstone Ministries Investments, Inc

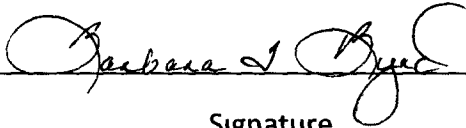
Case Number 08-20355-reb

Item # 2 Basis for Claim

"Any and all contingent liabilities arising out of my duties as an officer and/or director of debtor as well as monies owed, if any, from director and officers insurance as a result of a finding of liability"

10/30/08

Date



Signature

BARBARA I. BYRD

Printed Name

Urgent

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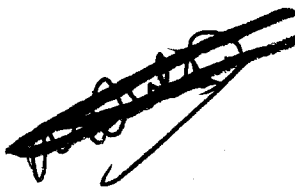
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LTR		<input type="checkbox"/>

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CUMMING GA 30341

DELIVERY TO INVESTMENTS TELEPHONE

31/0c4/2008 19:33 09023

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1

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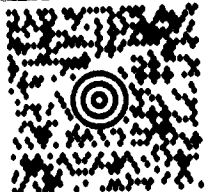
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J190 502 9106

DATE OF SHIPMENT

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Notice

50 Alpha
number ()
CLAIM AS OF
part of your claim is sec
A or part of your claim is ent
Check this box if claim includes
BASIS FOR CLAIM: SEE
CLASSIFICATION OF CLAIM
4a. UNSECURED NONPR
4b. UNSECURED PRIOR
Check this box ONLY if you h
claim, all or part of which is e
You MUST specify the pe
Domestic support obligations
Wages, salaries, or commis
before filing of the benifit
business, whichever is earlie
Contributions to an employee
4c. SECURED CLAIM (S
Check the appropriate box if
a right of set off and provide
Nature of property or ri
 Real Estate Mo
 Other
5. CREDITS: The amount of
6. SUPPORTING DOCUM
running accounts, contrac
perfection of a security int
7. DATE-STAMPED COP
To receive an acknowle
The original of this com
ACCEPTED) so that it la
BY MAIL TO:
Comerstone Ministries In
c/o BMC Group
PO Box 900
El Segundo, CA 90245-0
DATE 10/30/08
Penalty for presenting fraudulent