

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 who the debtor owes money or property

Jayme Sickert, Director
Cornerstone Ministries Investments, Inc.
2450 Atlanta Hwy, Ste 904
Cumming, GA 30040

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)

Jayme Sickert
950 Landover Crossing
Suwanee, GA 30024

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 \$ 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

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 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

NOV 03 2006

BMC

Cornerstone



01963

DATE

11/20/2008

SIGNATURE

Jayme Sickert

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

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

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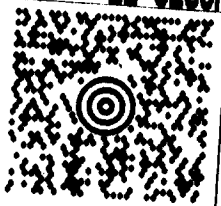
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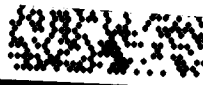
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UPS NEXT DAY AIR

TRACKING #: 1Z E30 844 01 4515 3144

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BILLING: P/P

REF 1:PM PKG ID 38464
REF 2:FROM Jayme Sickert

NS 10.0.49

LP2442 84.0A 10/2008



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1. AMOUNT OF CLAIM AS OF: If all or part of your claim is a claim, all or part of your claim is on the basis of your claim. Check the box if claim includes:

2. BASIS FOR CLAIM:

3. CLASSIFICATION OF CLAIM: SEE A

4a. UNSECURED CLAIM: Check this box ONLY if you have an unsecured claim, all or part of which is entitled to priority of payment. You MUST specify the priority of payment, including the date of filing of the bankruptcy petition or case, whichever is earlier. - 11 U.S.C. § 542

4b. UNSECURED NONPRIORITY CLAIM: Check this box ONLY if you have an unsecured claim, all or part of which is not entitled to priority of payment. You MUST specify the priority of payment, including the date of filing of the bankruptcy petition or case, whichever is earlier. - 11 U.S.C. § 542

5. INJURED CLAIM: (See instruction #1c of this form and provide the requested information.) Motor Vehicle

6. DOCUMENTS: Attach original contracts, court judgments, mortgages, etc. (See instruction of this form.)

7. COPY: (See instruction of this form.)

8. SIGNATURE: The person filing the claim and state address and phone number. (Line of up to \$500,000 or Impairment)

9. DATE: (Date of filing)