

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

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

 14330036002908
NATHAN CHIN
NAOMI WATSON
811 SKYLINE DR
JACKSON TN 38301

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 **(731) 293 4391**

1 AMOUNT OF CLAIM AS OF DATE CASE FILED \$ **20,719**
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 pronyty 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
Money loaned (Bond issued)

(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 nonpronyty claim \$ _____ **DO NOT** include the pronyty portion of your unsecured claim here

4b UNSECURED PRIORITY CLAIM Total unsecured pronyty claim \$ _____ Include **ONLY** the pronyty portion of your unsecured claim here

- Check this box **ONLY** if you have an unsecured claim all or part of which is entitled to pronyty
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 pronyty 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

NOV 03 2008
BMC GROUP

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



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:

Nathan Chin
Naomi Watson
1 Wallace Road
Jackson TN 38301

AMOUNT:	ISSUE DATE:	MATURITY DATE:	CERTIFICATE #:
\$20,719 12	3/15/2007	1/1/2012	9047

TYPE OF CERTIFICATE:
5 Year Bond 8 25% Compound Interest

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PLEASE

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U.S. POSTAGE
JAN 31
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NOV 03 2008



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Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	<input type="checkbox"/> AM	Employee Signature
Mo Day		<input type="checkbox"/> PM	
Delivery Attempt	Time	<input type="checkbox"/> AM	Employee Signature
Mo Day		<input type="checkbox"/> PM	
Delivery Date	Time	<input type="checkbox"/> AM	Employee Signature
Mo Day		<input type="checkbox"/> PM	

CUSTOMER USE ONLY

Postage **Return Receipt** **Signature**

TO (PLEASE PRINT) PHONE ()

ORIGIN (POSTAL SERVICE USE ONLY)

ZIP Code	Day of Delivery	Postage
	<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th Del Day	\$
Accepted	Scheduled Date of Delivery	Return Receipt Fee
Day Year	Month Day	\$
Accepted	Scheduled Time of Delivery	COD Fee Insurance Fee
<input type="checkbox"/> AM	<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	\$ \$
<input type="checkbox"/> PM	Military	Total Postage & Fees
Rate or Weight	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	\$
lbs ozs	Int'l Alpha Country Code	Acceptance Emp Initials

FROM (PLEASE PRINT) PHONE ()

FOR PICKUP OR TRACKING

www.usps.com

1-800-222-1811



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