

PROOF OF CLAIM

In re
Cornerstone Ministries

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

*Ella L Norris
 1215 Fieldtrial Circle
 Garner NC 27529*

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 (419) *424-7800*

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 _____ or amends claim number (see reverse) *See copy of claim being amended*

Payment Telephone Number ()

1 AMOUNT OF CLAIM AS OF DATE CASE FILED \$ *53,600.02*
 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
Bond

(See Instructions #2 and #3a on reverse side)

3 LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
5348
 3a Debtor may have scheduled account as _____

4 CLASSIFICATION OF CLAIM
 4a UNSECURED NONPRIORITY CLAIM Total unsecured nonpriority claim \$ *53,600.02* **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) Total secured claim \$ _____ **DO NOT** include the priority or unsecured portion of your claim here

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 _____
 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
 444 N Nash St
 El Segundo CA 90245-2822

THIS SPACE FOR COURT USE ONLY

use only

MAR 06 2009

BMC GROUP

DATE
2/26/09

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
Bren Sparks Ella L Norris

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA GAINESVILLE DIVISION		PROOF OF CLAIM	
In re		Case Number	
<small>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</small>		<input type="checkbox"/> 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 <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case <input type="checkbox"/> 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 Ella Norris 3413 Oak Trail Clayton NC 27520		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) Payment Telephone Number ()			
<input type="checkbox"/> Check this box if you are the debtor or trustee in this case Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ or <input checked="" type="checkbox"/> amends claim number (see reverse) <u>attached</u>			
1 AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>53,600.02</u> 2/27/09 <small>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</small> <input type="checkbox"/> 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 <u>Bond</u>		<small>(See instructions #2 and #3a on reverse side)</small> 3 LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR <u>5348</u> 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 <input type="checkbox"/> Check this box ONLY if you have an unsecured claim all or part of which is entitled to pronyty You MUST specify the pronyty of the claim <input type="checkbox"/> Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> 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) <input type="checkbox"/> 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) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) <input type="checkbox"/> Contributions to an employee benefit plan 11 U S C § 507(a)(5) <input type="checkbox"/> Other Specify applicable paragraph of 11 U S C § 507(a) (_____) <small>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</small>			
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 <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Mqtor Vehicle <input type="checkbox"/> Other _____ Total secured claim \$ <u>53,600.02</u> DO NOT include the pronyty 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 _____			
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		FILED THIS SPACE FOR COURT USE ONLY OCT 27 2008 BMC Cornerstone 01817	
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	
DATE	SIGNATURE The person filing this claim must sign it Sign and print name and title if any of the credito claim and state address and telephone number if different from the notice address above		
<u>10/2/08</u>	<u>[Signature]</u>		

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571