

	; E PREZIONE DE RESERVE DERIVA DE MADRICA CONSTRUIR DE RECONSTRUIR
UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT (	DF NEVADA PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.	
Name of Creditor (the person or other entity to whom the Debtor owes money or property): Fail 1 Pe OCh OQ	☐ Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number:
Name and address where notices should be sent:	City Graph
Felipe Ochoa	(If known) steel
2131 Bowstring Dr	Filed on: APR 1 0 2015
Las vegus nu 89142	
Telephone number: 702 338 - 0 le le 0	
Email address: Felipe 8 a casale yah 00. Com	
Name and address where payment should be sent (if different from above):	☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Same as above	FILED - 00139
Telephone number:	District of Nevada
Email address: Te 1, Pe8 a cas a @ yahoo @	Ameri-Dream, LLC
1. Amount of Claim as of Date Case Filed: \$ 5.0 93.3	
If all or part of the claim is secured, complete item 4.	
If all or part of the claim is entitled to priority, complete item 5.	
Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.	
2. Basis for Claim: Un PaiD RealS tate Dimmission	
(See instruction #2)	
3. Last four digits of any number by which creditor identifies debtor: 3a	Debtor may have scheduled 3b. Uniform Claim Identifier (optional):
8219	meridrean the
	(See instruction #3a) (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  Amount of arrearage and other charges, as of the time case, was filed, included in secured claim, if any:	
	lotor Vehicle
Describe:	Basis for perfection:
Value of Property: \$	Amount of Secured Claim: S
Annual Interest Rate%	ariable Amount Unsecured: \$
	rt of the claim falls into one of the following categories, check the box specifying
the priority and state the amount.	
☐ Domestic support obligations under  If U.S.C. § 507 (a)(1)(A) or (a)(1)(B)  ☐ Wages, salaries, or commissions (up to ☐ Contributions to an employee benefit  \$12,475*) earned within 180 days before plan – 11 U.S.C. § 507 (a)(5)  the case was filed or the Debtor's	
Up to \$2,775* of deposits toward business ceased, whichever is earlier — Anount entitled to priority:  Durchase lease or rental of property or 11 U.S.C. 8 507 (a)(4)  Of 11 U.S.C. 8 507 (a)(1)	
services for personal, family, or household use – 11 U.S.C. § 507 (a)(7)  Taxes or penalties owed to governmental units – 11 U.S.	contract signed a ter BK
507 (a)(8).	
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.  6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)	
a. a	pose of making and proof of claim, (occ instruction no)