

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT (OF 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): X/A (\overline{Q}) \overline{Q} R , R) $ZHAO$	☐ Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent:	Court Claim Number:
XIA (Jean) ZHAO	(If known)
277 Ben Johnson Gt	Filed on:
Las Vogas, NV 89183	
702-785-8860 Telephone number: Lanz 2004 @hocmail.com	
	Check this box if you are aware that anyone else has filed a proof of claim relating to
Name and address where payment should be sent (if different from above):	this claim. Attach copy of statement giving particulars.
Same as Above	FILED - 00506
Olime as Above	District of Nevada
Telephone number:	Ameri-Dream, LLC
Email address: 1. Amount of Claim as of Date Case Filed: \$ 5/05.00-300 (transaction fee) = 4805	
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: R-E. Commission	
(See instruction #2)	
	Debtor may have scheduled account as: 3b. Uniform Claim Identifier (optional):
8 2 1 9 A	meridyean Room LLO
	(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:	
Nature of property or right of setoff:	Motor Vehicle
☐ Other Describe:	Basis for perfection:
Value of Property: S	Amount of Secured Claim: \$
Annual Interest Rate% ☐ Fixed or ☐ \ (when case was filed)	/ariable Amount Unsecured: \$
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.	
□ Domestic support obligations under □ Wages, salaries, or commissions (up to □ Contributions to an employee benefit 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). \$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 — Other – Specify applicable paragraph	
services for personal, family, or	Transaction closed after \$ 5100.00
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. § Transaction closed after \$ 5/05.00 = 4805 Transaction closed after \$ -300 = 4805 Transaction closed after \$ -300 = 4805 Transaction close	
*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.	
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