

Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED  NOTE: Do not use this form to mole a cloim for an administrative expense exceeding to 11 U.S.C. § 583.  Name of Creditor (be person or other entity to whom the Debtor owns money or property): Keylin Chang  Name and address where notices should be sent: Keylin Chang  7229 Falling Timber Ct. Las Vegas, NV 89113  Telephone number: Entitl address:  1. Amount of Claim as of Date Case Filed; § 3.450.00  Telephone number: Entitl address:  1. Amount of Claim as of Date Case Filed; § 3.450.00  Telephone number:    Check this box if you are aware that anyone size has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.    O5-14-15 A09:25 IN	Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-1011		UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		
Amount of Cation Caller Measure (1997). Same    Check this box to indicate that this claim amends a previously filed claim.	Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED				
Amount of Cation Caller Measure (1997). Same    Check this box to indicate that this claim amends a previously filed claim.					
Name and address where notices should be sent:  Kevin Chang 7229 Falling Timber Ct.  Las Vegas, NV 89113  Telephone number:  Email address:  Name and address where payment should be sent (if different from above):  Same  Observed Claim Submer (if different from above):  Same  Observed Claim (See instruction f4)  Las Vegas, and the present of the claim is secured by a lim on property or a right of setoff.  See instruction f930  Last four digits of say number by which creditor identifies debter:  Nature of property: \$  Annous of Claim Southed to Served (in any part of the claim is secured by a lim on property or a right of setoff.  Other Claim (See instruction f4)  Check this box if you are aware that anyone size has filled a proof of claim relating to this claim. Attach copy of statement gwing particulars.  Fill D - 00831  If all or part of the claim is excited to priority, complete item 5.  Other 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.  Basis for Calima.  Real estate sales sales commission for 6868 Sky Pointe Dr. #2154, Las Vegas, NV 89131  Secured Claim (See instruction f4)  Check this box if in claim includes interest or other charges interest or statement that itemizes interest or charges.  See instruction f930  Amount of Secured Claim: 5  Annount of Claim Entitled to Priority under 11 U.S.C. § 507 (6)(J.A) or (6)(J(B))  Obter  Describe:  Value of Property: \$  Annount of Claim Entitled to Priority under 11 U.S.C. § 507 (6)(J.A) or (6)(J(B))  Obter  Describe:  Value of Property: \$  Annount of Claim Entitled to Priority under the priority and state the amount.  Dementic support obligations under  11 U.S.C. § 507 (6)(J(A) or (6)(J(B))  Observe services for prevent, family, or or or services for prevent, family, or or or					
Name and address where notices should be sent:  Kevin Chang 7229 Falling Timber Ct.  Las Vegas, NV 89113  Telephone number:  Email address:  Name and address where payment should be sent (if different from above):  Same  O5-14-15 A09:25 IN  Telephone number:  Email address:  Amount of Claim as of Date Case Filed: \$ 3,450.00  If all or part of the claim is secured, complete item 4.  Amount of Claim is set if the claim is secured, complete item 5.  Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement gwing particulars.  FILED - 00831  District of Nevada Ameri-Dream, LLC.  Ameri-Dream, LLC.  Basis for Claim:  Real estate sales commission for 6868 Sky Pointe Dr. #2154, Las Vegas, NV 89131  See instruction #2)  3. Last four digits of any number by which creditor identifies debtor:  Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement gwing particulars.  See instruction #2.  3. Last four digits of any number by which creditor identifies debtor:  Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement gwing particulars.  See instruction #2.  Amount of Claim (See instruction #3.)  See instruction #3.  See instruction #3.  Check this propropise box of the claim is secured by a lien on property or a right of setoff, state in required reducted documents, and provide the requested information.  Nature of property or right of setoff:  Describe:  Value of Property: 5  Annoal Instruction #3.  Annoal Instruction #3.  District of Nevada Annoal of Secured Claim: 5  Annoal Instruction #3.  Annoal of Secured Claim: 5  A	Name of Creditor (the person or other entity to whom the Debtor owes money or		☐ Check this box to indicate that this claim amends a previously filed claim.		
Name and address where notices should be sent: Kevin Chang 7229 Falling Timber Ct. Las Vegas, NV 89113  Telephone number: Filed on:    Check this box # you are aware that anyone else has filed a proof of claim reliating to this claim. Attach copy of statement giving particulors.    Check this box # you are aware that anyone else has filed a proof of claim reliating to this claim. Attach copy of statement giving particulors.    Check this box # you are aware that anyone else has filed a proof of claim reliating to this claim. Attach copy of statement giving particulors.    Check this box # you are aware that anyone else has filed a proof of claim reliating to this claim. Attach copy of statement giving particulors.    Check this box # you are aware that anyone else has filed a proof of claim reliating to this claim. Attach capture and the claim is secured. Copy of statement giving particulors.    Check this box # you are aware that anyone else has filed a proof of claim reliating to this claim. Attach is statement giving particulors.    Check this box # you are aware that anyone else has filed a proof of claim reliating to this claim. Attach is statement giving particulors.    Check this box # you are aware that anyone else has filed a proof of claim reliating to this claim. Attach is statement giving particulors.    Check this box # you are aware that anyone else has filed a proof of claim reliating to this claim. Attach is statement giving particulors.    Check this box # you are aware that anyone else has filed a proof of claim reliating to this claim. Attach is statement giving particulors.    Check this box # you are aware that anyone else has filed a proof of claim reliating to this claim. Attach is statement giving particulors.    Check this box # you are aware that anyone else has filed a proof of claim reliating to this claim. Attach is statement giving particulors.    Check this box # you are aware that anyone else has filed anyone aware that anyone else has filed anyone of statement giving particulors	property): Kevin Chang		Court Claim Number		
Telephone number:  Email address where payment should be sent (if different from above):  Same  O5-14-15 A09:25 IN  Telephone number:  Email address  Amount of Claim as of Date Case Filed: \$ 3.450.00  If all or part of the claim is secured, complete item 4.  If all or part of the claim is secured, complete item 5.  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.  Telephone number:  Email address  Amount of Claim as of Date Case Filed: \$ 3.450.00  If all or part of the claim is secured, complete item 4.  If all or part of the claim is secured, complete item 5.  Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach case interest or claims 5.  District of Nevada Ameri-Dream, Attach a statement that itemizes interest or charges.  Basis for Claims:  Real estate sales commission for 6868 Sky Pointe Dr. #2154, Las Vegas, NV 89131  (See instruction #2)  Last four digits of any number by which creditor identifies debtor:  Secured Claims (See instruction #3)  Last four digits of any number by which creditor identifies debtor:  (See instruction #3a)  (See instruction #3b)  Amount of Secured Claims (See instruction #3b)  Amount of Secured Claims:  Nature of property or right of setoff:    Describe:   Other   Describe:   Amount of Secured Claims: \$    Amount of Claim Emitted to Priority under 11 U.S.C. § 507 (e), If any part of the claim falls late one of the following categories, check the box specifying the priority and state the amount.    Domestic support obligations under 11 U.S.C. § 507 (e), If any part of the claim falls late one of the following categories, check the box specifying the priority and state the amount.    Domestic support obligations under 11 U.S.C. § 507 (e), If any part of the claim falls late one of the following categories, check the box specifying the priority and state the amount.    Domestic support obligations under 11 U.S.C. § 507 (e), If any par	Name and address where notices should be sent:	"	ourt Ciaim I	vamber.	
Telephone number: Email address:  Name and address where payment should be sent (if different from above):  Same    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.    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.    Check this box if the claim is estitled to priority, complete item 4.		-			(If known) Ren City Group
Telephone number: Email address:  Name and address where payment should be sent (if different from above):  Same  O5-14-15 A09:25 IN  Telephone number: Email address:  1. Amount of Claim as of Date Case Filed: \$ 3,450.00  If all or part of the claim is secured, complete item 4.  If all or part of the claim is secured, complete item 5.  Ocheck this box if the claim is secured, complete item 5.  Ocheck this box if the claim includes interest or other charges in addition to the principal amount of the daim. Attach actions that the remixes interest or charges.  Basis for Claim: Real estate sales commission for 6868 Sky Pointe Dr. #2154, Las Vegas, NV 89131  Secured Claim (See instruction #2)  3. Last four digits of any number by which creditor identifies debtor:  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 redated documents, and provide the requested information.  Nature of property or right of setoff:  Other  Describe:  Value of Property: \$  Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into our of the following categories, check the box specifying the priority and state the amount.  Domestic support obligations under 11 U.S.C. § 507 (a). If any part of the claim falls into our of the following categories, check the box specifying the priority and state the amount.  Domestic support obligations under 11 U.S.C. § 507 (a). If any part of the claim falls into our of the following categories, check the box specifying purchase, lease, or retail of property or under 11 U.S.C. § 507 (a)(X).  Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a)(X).  Amount of Check the amount.  Domestic support obligations under 11 U.S.C. § 507 (a)(X).  Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(X).  Amount of Check the damental paragraph of 11 U.S.C. § 507 (a)(X).  Amount of Check the damental paragraph of 11 U.S.C. § 507 (a)(X).	<b>3</b>	File	iled on:		(3) (6)
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.    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.    Check this box if the claim is secured, complete item 4.	Las Vegas, NV 89113		·		_ ( MAY 1 4 2015 )
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.    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.    Check this box if the claim is secured, complete item 4.					
Name and address where payment should be sent (if different from above):  Same  O5-14-15 A09:25 IN  Telephone number: Email address:  If all or part of the claim is secured, complete item 4.  If all or part of the claim is secured, complete item 5.  Ocheck this box if you are aware that anyone eites has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  FILED - 08831  District of Nevada Ameri-Dream, LLC  Ocheck this box if the claim is secured, complete item 4.  If all or part of the claim is secured, complete item 5.  Ocheck this box if you are aware that anyone eites has filed a proof of claim relating to this claim. Attach of the claim is secured, complete item 5.  FILED - 08831  District of Nevada Ameri-Dream, LLC  Ocheck this box if the claim is secured, complete item 4.  FILED - 08831  District of Nevada Ameri-Dream, LLC  Ocheck this box if the claim is secured to other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.  Real estate sales Commission for 6868 Sky Pointe Dr. #2154, Las Vegas, NV 89131  (See instruction #3)  Last four digits of any number by which creditor identifies debtor:  See instruction #3a)  See instruction #3b)  Amount of arrearage and other charges, as of the time case was filed; at the property or right of setoff:  other charges, and provide the requested information.  Nature of property or right of setoff:  Other  Passage of Property: S  Amount of Secured Claim: S  Amount of Secured Claim: S  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.  Obmestic support obligations under 11 U.S.C. § 507 (a)(A) (a)(I)(B)  Up to \$2,775* of deposits toward purchase, lease, or renal of property or services for personal, family, or services for personal, f	Telephone number:				
this claim. Attach copy of statement giving particulars.    Same			Check this h	ov If you are aware th	set anyone else has filed a proof of claim relating to
Telephone number: Email address:  1. Amount of Claim as of Date Case Filed: \$ 3.450.00  If all or part of the claim is secured, complete item 4.  If all or part of the claim is secured, complete item 5.  Of Check this box if the claim includes interest or other charges in addition to the principal amount of the claim at a statement that itemizes interest or charges.  2. Basis for Claim: Real estate sales commission for 6868 Sky Pointe Dr. #2154, Las Vegas, NV 89131  (See instruction #2)  3. Last four digits of any number by which creditor identifies debtor: (See instruction #3a)  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.  Nature of property or right of setoff:  Other  Other  Amount of Secured Claim:  Amount of Secured Claim:  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.  Wages, salaries, or commissions (up to contributions to an employee benefit plan—11 U.S.C. § 507 (a)(5).  Wages, salaries, or commissions (up to commissio	Name and address where payment should be sent (if different from above):				
Telephone number:  Email address:  1. Amount of Claim as of Date Case Filed: \$ 3.450.00  If all or part of the claim is secured, complete item 4.  If all or part of the claim is secured, complete item 5.  Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach statement that itemizes interest or charges.  2. Basis for Claim:  (See instruction #2)  3. Last four digits of any number by which creditor identifies debtor:  (See instruction #3a)  3a. Debtor may bave scheduled account as:  (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 reduced documents, and provide the requested information.  Nature of property or right of setoff:  Describe:  Value of Property: \$  Anount Interest Rate  (when case was filed)  Amount of Claim (Sei instruction #3b)  Anount Unsecured: \$  Amount entitled to priority: node state the amount.  Domestic support obligations under  11 U.S.C. \$ 507 (a)(1)(A) or (a)(1)(B).  UNAGES, salaries, or commissions (up to the claim falls late one of the following categories, check the box specifying the priority and state the amount.  UNAGES, salaries, or commissions (up to the claim falls late one of the following categories, check the box specifying the priority and state the amount.  UNAGES, salaries, or commissions (up to suspense) late of property or services for personal, family, or services for pe	Same	}			
Email address:  1. Amount of Claim as of Date Case Filed: \$ 3.450.00  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 is entitled to priority, complete item 5.  Check this box if the claim is entitled to priority, complete item 5.  Basis for Claim:  Real estate sales commission for 6868 Sky Pointe Dr. #2154, Las Vegas, NV 89131  (See instruction #2)  3. Last four digits of any number by which creditor identifies debtor:  3a. Debtor may have scheduled account as:  (See instruction #3a)  Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required reduced documents, and provide the requested information.  Nature of property or right of setoff:  Describe:  Value of Property: \$  Annual Interest Rate  (when case was filed)  Annual Interest Rate (when case was filed)  Annual Interest Rate (when case was filed)  Annual Interest Rate (when case was filed)  Annual Interest Rate (when case was filed)  Annual Interest Rate (when case was filed)  Annual Interest Rate (when case was filed)  Annual Interest Rate (when case was filed)  Annual Interest Rate (when case was filed)  Annual Interest Rate (when case was filed)  Annual Interest Rate (when case was filed)			05-14-15 A09:25 IN		
1. Amount of Claim as of Date Case Filed; \$ 3,450.00  If all or part of the claim is secured, complete item 4.  If all or part of the claim is secured, 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:  (See instruction #2)  3. Last four digits of any number by which creditor identifies debtor:  (See instruction #3)  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.  Nature of property:  Value of Property: \$  Annual Interest Rate					
If all or part of the claim is entitled to priority, complete item 5.    Check this box if the claim is entitled to priority, complete item 5.   Check this box if 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.    Real estate sales commission for 6868 Sky Pointe Dr. #2154, Las Vegas, NV 89131 (See instruction #2)   3a. Debtor may have scheduled account as:   (See instruction #3a) (See instruction #3b) (See instruction					
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.    Basis for Claim:   Real estate   Sales   Commission   Facility   Real   State   Sales   Commission   Real   Sales   Real   Sales	If all or part of the claim is secured, complete item 4.		_	FILE	D - 00831
Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach estaim. Real estate sales commission for 6868 Sky Pointe Dr. #2154, Las Vegas, NV 89131  Basis for Claim: Real estate sales commission for 6868 Sky Pointe Dr. #2154, Las Vegas, NV 89131  Last four digits of any number by which creditor identifies debtor:    See instruction #32	10 - 1000 x 100				27 (28 NOR
2. Basis for Claim: Real estate sales commission for 6868 Sky Pointe Dr. #2154, Las Vegas, NV 89131  3. Last four digits of any number by which creditor identifies debtor:    Secured Claim (See instruction #4)		dition to the	principal am		
(See instruction #2)  3. Last four digits of any number by which creditor identifies debtor:    Secured Claim (See instruction #4)	Real estate sales commission	100.50			
Amount of Secured Claim: \$   Other Secured Claim:					
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.  Nature of property or right of setoff:    Real Estate	3. Last four digits of any number by which creditor identifies debtor			have scheduled	3b. Uniform Claim Identifier (optional):
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.  Nature of property or right of setoff:  Describe:  Value of Property: \$  Amount of Secured Claim:  Value of Property: \$  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 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  Up to \$2,775° of deposits toward purchase, lease, or rental of property or services for personal, family, or boughed use = 1111S.C. § 507 (a)(4).  Taxes or penalties owed to	<u> </u>		actoum, as.		
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.  Nature of property or right of setoff:    Real Estate   Motor Vehicle   Basis for perfection:			(See instr	uction #3a)	(See instruction #3b)
attach required redacted documents, and provide the requested information.  Nature of property or right of setoff:  Describe:  Value of Property: \$  Annual Interest Rate  (when case was filed)  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  11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  Wages, salaries, or commissions (up to  \$\frac{1}{2}(4,75^{\circ})\text{ earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier — Dother — Specify applicable paragraph of 11 U.S.C. § 507 (a)(1).  Amount entitled to priority:  \$\frac{3}{4}50.00  Taxes or penalties owed to		v or a right o	af setoff		
Describe:    Describe:     Describe:     Describe:     Describe:     Describe:     Describe:     Describe:     Describe:     Describe:     Describe:     Describe:     Describe:     Describe:     Describe:     Describe:     Describe:     Describe:			or sciori,	was med, included	S
Value of Property: \$		☐ Motor	or Vehicle	Basis for perfection:	
Annual Interest Rate					
Annual Interest Rate	Value of Decomarter C			A	A Chairman
(when case was filed)  Amount Unsecured: \$  Amount Unsecured: \$  Amount Unsecured: \$  Description 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.  Description of the priority and state the amount.  Wages, salaries, or commissions (up to 10 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  Takes or penalties owed to  Amount Unsecured: \$  Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  Takes or penalties owed to	wante of Property: 3			Amount of Secured	Ciane: 3
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 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or byperbold use - 11 U.S.C. § 507 (a)(4).  Taxes or penalties owed to		☐ Varial	able	A	
the priority and state the amount.  Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or boveshold use = 11 U.S.C. § 507 (a)(4).  Taxes or penalties owed to  Wages, salaries, or commissions (up to plan - 11 U.S.C. § 507 (a)(5).  Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or boveshold use = 11 U.S.C. § 507 (a)(4).  Taxes or penalties owed to	5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). I	f any part o	of the claim		
11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  Up to \$2,775° of deposits toward purchase, lease, or rental of property or services for personal, family, or bovesheld use = 11 U.S.C. § 507 (a)(4).  Taxes or penalties owed to	the priority and state the amount.				
Up to \$2,775° of deposits toward purchase, lease, or rental of property or services for personal, family, or bovesheld use = 11 U.S.C. § 507 (a)(4).  Taxes or penalties owed to	11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). (\$12,475*) earned w	rithin 180 day	ays before		
bousehold use_1111SC 6.507(a)(7)	☐ Up to \$2,775* of deposits toward business ceased, wh	nichever is ea		Other - Specify appl	icable paragraph
	services for personal, family, or			of 11 U.S.C. § 507 (a	s 3,450.00
	household use - 11 U.S.C. § 507 (a)(7).		. §		
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)					