EXHIBIT “1”

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT District of Nevada

PROOF OF CLAIM

Name of Debtor: AMERI-DREAM REALTY LLC

Case Number: 15-10110

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): YUAN YUAN

FILED
U.S. Bankruptcy Court
District of Nevada
1/26/2015
Mary A. Schott, Clerk
COURT USE ONLY

Name and address where notices should be sent:
YUAN YUAN
506B PORPOISE BAY TER
SUNNYVALE, CA 94089

Telephone number: email:

☐ Check this box if this claim amends a previously filed claim

Court Claim Number: (If known)
Filed on:

Name and address where payment should be sent (if different from above):

Telephone number: email:

☐ 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.

1. **Amount of Claim as of Date Case Filed:** $ 3518.00

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 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:** rent and deposit seized by debtor (See instruction #2)

3. **Last four digits of any number by which creditor identifies debtor:** 5219

3a. **Debtor may have scheduled account as:** (See instruction #3a)

3b. **Uniform Claim Identifier (optional):** (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.
Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:
Value of Property: $
Annual Interest Rate (when case was filed) % ☐ Fixed or ☐ Variable

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: $

Basis for perfection:

Amount of Secured Claim: $

Amount Unsecured: $ 3518.00

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).	☐ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. §507(a)(4).	☐ Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5).	**Amount entitled to priority:**
☑ Up to $2,775* 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 4/01/16 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)

FILED - 00006
District of Nevada
Ameri-Dream, LLC

The Garden City Group, Inc.
JAN 26 2015

EXHIBIT “2”

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

Name of Debtor: AMERI-DREAM REALTY LLC 4875 NEVSO DR. LAS VEGAS, NV. 89103

Case Number: 15-10110-LED JUDGE: LAUREL E. DAVIS

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): MIMI WEI LIN

Name and address where notices should be sent: MIMI MEI LIN P.O. BOX 2083, ARCADIA. CA. 91077
702-515-9096 Telephone number: ML3688@GMAIL.COM email:

COURT USE ONLY

☐ Check this box if this claim amends a previously filed claim.

Court Claim Number: _____ (If known)

Filed on: _____

Name and address where payment should be sent (if different from above): MIMI WEI LIN P.O. BOX 2083, ARCADIA, CA. 91077
702-515-9096 Telephone number: ML3688@GMAIL.COM email:

☐ 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.

1. **Amount of Claim as of Date Case Filed:** $ [redacted] 1850.00 one thousand EIGHT HUNDRED FIFTY U.S. DOLLARS.

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:** LEASE OF PROPERTY DEPOSIT (property address: 8000 W. BADURA AVE, Unit # 1146, Las Vegas, NV. 89113
(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)

3b. **Uniform Claim Identifier (optional):** _____ (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.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Value of Property: $_____

Annual Interest Rate _____% ☐ Fixed or ☐ Variable (when case was filed)

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: $_____

Basis for perfection: _____

Amount of Secured Claim: $_____

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 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the case was filed or the debtor's business ceased, 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 $2,775* 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)(__).

Amount entitled to priority: $ 1850.00 one thousand eight Hundred fifty Dollars

*Amounts are subject to adjustment on 4/01/16 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)

EXHIBIT “3”

FILED - 00014
District of Nevada
Ameri-Dream, LLC

RECEIVED
2015 FEB 2 AM 11 26
U.S. BANKRUPTCY COURT
MARY A. SCHOTT, CLERK

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

Name of Debtor: AMERI-DREAM REALTY LLC 4875 NEVSO DR. LAS VEGAS, NV. 89103

Case Number: 15-10110-LED JUDGE: LAUREL E. DAVIS

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): MIMI WEI LIN

Name and address where notices should be sent: P.O. BOX 2083, ARCADIA, CA. 91077 MIMI WEI LIN

Telephone number: 702-315-9096 email: ML3688@GMAIL.COM

Name and address where payment should be sent (if different from above): P.O. BOX 2083 ARCADIA, CA. 91077 MIMI WEI LIN

Telephone number: 702-315-9096 email: ML3688@GMAIL.COM

COURT USE ONLY

☐ Check this box if this claim amends a previously filed claim.

Court Claim Number: _____ (If known)

Filed on: _____

☐ 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.

1. **Amount of Claim as of Date Case Filed:** $ 900.00 NINE HUNDREAD U.S. DOLLAS

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:** TENANT'S LEASE Retail Deposit (property address: 5121 RIVERGLEN Dr. unit # 138. Las Vegas. NV. 89103)
(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)

3b. **Uniform Claim Identifier (optional):** _____ (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: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Basis for perfection: _____

Value of Property: $ _____

Amount of Secured Claim: $ _____

Annual Interest Rate _____ % ☐ Fixed or ☐ Variable (when case was filed)

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 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B)

☐ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the case was filed or the debtor's business ceased, 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 $2,775* 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)(__).

Amount entitled to priority:
$ 900.00
NINE HUNDRED U.S. DOLLARS.

**Amounts are subject to adjustment on 4/01/16 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)

EXHIBIT “4”

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

Name of Debtor	Case Number
AMERI-DREAM REALTY LLC 4871 NEVSO DR, LAS VEGAS, NV. 89103	15-10110-LED JUDGE: LAUREL E. DAVIS

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):
MIMI WEI LIN

COURT USE ONLY

Name and address where notices should be sent:
MIMI WEI LIN
P.O. BOX 2083, ARCADIA. CA. 91077

Telephone number: 702-515-9096 email: ML3688@GMAIL.COM

☐ Check this box if this claim amends a previously filed claim.
Court Claim Number: _____ (If known)
Filed on: _____

Name and address where payment should be sent (if different from above):
MIMI WEI LIN
P.O. BOX 2083. ARCADIA. CA. 91077

Telephone number: 702-515-9096 email: ML3688@GMAIL.COM

☐ 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.

1. **Amount of Claim as of Date Case Filed:** $ 1200.00 (ONE THOUSAND TWO HUNDRED U.S. DOLLARS)

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:** TENANTS LEASE RENTAL DEPOSIT (property address: 5366 VARSITY AVE. LAS VEGAS. NV. 89146)
(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)	3b. Uniform Claim Identifier (optional): (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: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Basis for perfection: _____

Value of Property: $ _____

Amount of Secured Claim: $ _____

Annual Interest Rate _____% ☐ Fixed or ☐ Variable (when case was filed)

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 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B)

☐ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4)

☐ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5)

Amount entitled to priority: $ 1200.00

☒ Up to $2,775* 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)(__)

(One thousand two Hundred U.S. Dollars)

*Amounts are subject to adjustment on 4/01/16 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)

EXHIBIT “5”

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

Name of Debtor:	Case Number
AMERI-DREAM REALTY LLC 4875 NEVSO DR. LAS VEGAS. NV. 89103	15-10110-LED JUDGE: LAUREL E. DAVIS

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):
MIMI WEI LIN

Name and address where notices should be sent:
P.O. BOX 2083. ARCADIA. CA. 91077
MIMI WEI LIN
Telephone number: 702-515-9096 email: ML3688@GMAIL.COM

Name and address where payment should be sent (if different from above):
P.O. BOX 2083, ARCADIA. CA. 91077
MIMI WEI LIN 515-9096
Telephone number: 702-515-9096 email: ML3688@GMAIL.COM

COURT USE ONLY

☐ Check this box if this claim amends a previously filed claim
Court Claim Number: _____ (If known)
Filed on: _____

☐ 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

1. **Amount of Claim as of Date Case Filed:** $ 1100 ~~00~~ (one thousand one Hundred U.S. Dollar)

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:** Tenant's lease Rental Deposit (Property address: 5125 DEL REY AVE, LAS VEGAS. NV. 89146) (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)	3b. Uniform Claim Identifier (optional): (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.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Value of Property: $_____

Annual Interest Rate _____% ☐ Fixed or ☐ Variable (when case was filed)

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: $_____

Basis for perfection: _____

Amount of Secured Claim: $_____

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 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).

☐ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).

Amount entitled to priority:

☒ Up to $2,775* 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)(__).

$ 1100 ~~00~~ (one thousand one Hundred U.S. Dollar)

*Amounts are subject to adjustment on 4/01/16 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)

EXHIBIT “6”

54
ORG

FILED - 00018
District of Nevada
Ameri-Dream, LLC

B10 (Official Form 10) (04/13)

RECEIVED
AND FILED
2015 FEB 2 PM 2 55
U.S. BANKRUPTCY COURT
MARY A. SCHOTT, CLERK

UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

Name of Debtor: AMERI-DREAM REALTY LLC
4875 NEVSO DR.
LAS VEGAS, NV. 89103

Case Number: 15-10110-LED
JUDGE: LAUREL E. DAVIS

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):
MIMI WEI LIN

Name and address where notices should be sent:
MIMI WEI LIN
P.O. BOX 2083, ARCADIA, CA. 91077
Telephone number: 702-544-9096 email: ML3688@GMAIL.COM

Name and address where payment should be sent (if different from above):
MIMI WEI LIN
P.O. BOX 2083, ARCADIA CA. 91077
Telephone number: 702-544-9096 email: ML3688@GMAIL.COM

COURT USE ONLY

☐ Check this box if this claim amends a previously filed claim.
Court Claim Number: _____ (If known)
Filed on: _____

☐ 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.

1. **Amount of Claim as of Date Case Filed:** $ 700.00 (Seven Hundred Dollar)

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:** (See instruction #2) TENANT PAID Rent to BROKER AMERI-DREAM. BUT Broker did not pay to owner from Tenn. Rent. (Property address: 4770 SANDY RIVER DR #54 Las Vegas, NV. 89103)

3. **Last four digits of any number by which creditor identifies debtor:**

3a. **Debtor may have scheduled account as:** _____ (See instruction #3a)

3b. **Uniform Claim Identifier (optional):** _____ (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: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Basis for perfection: _____

Value of Property: $ _____

Amount of Secured Claim: $ _____

Annual Interest Rate _____ % ☐ Fixed or ☐ Variable (when case was filed)

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 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).

☐ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).

Amount entitled to priority:

X Up to $2,775* 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)( ).

$ 700.00 (Seven Hundred U.S. Dollar)

*Amounts are subject to adjustment on 4/01/16 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)

EXHIBIT “7”

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT District of Nevada

PROOF OF CLAIM

Name of Debtor: AMERI-DREAM REALTY LLC

Case Number: 15-10110

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): ZHONGMING FENG

FILED
U.S. Bankruptcy Court
District of Nevada
2/9/2015
Mary A. Schott, Clerk
COURT USE ONLY

Name and address where notices should be sent:
ZHONGMING FENG
12214 WITT RD
POWAY, CA 92064

Telephone number: 858-382-6317 email: feng92064@gmail.com

☐ Check this box if this claim amends a previously filed claim.

Court Claim Number: (If known)
Filed on:

Name and address where payment should be sent (if different from above):

Telephone number: email:

☐ 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.

1. **Amount of Claim as of Date Case Filed:** $ 975.00

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 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:** Tenant's security deposit for re (See instruction #2)

3. **Last four digits of any number by which creditor identifies debtor:** 2130

3a. **Debtor may have scheduled account as:** (See instruction #3a)

3b. **Uniform Claim Identifier (optional):** (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.
Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:
Value of Property: $
Annual Interest Rate (when case was filed) % ☐ Fixed or ☐ Variable

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: $
Basis for perfection:
Amount of Secured Claim: $
Amount Unsecured: $ 0.00

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)	☐ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. §507(a)(4).	☐ Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5).	**Amount entitled to priority:**
☑ Up to $2,775* 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)(_).	$ 975.00

**Amounts are subject to adjustment on 4/01/16 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)

FILED - 00021
District of Nevada
Ameri-Dream, LLC

The Garden City Group, Inc.
FEB - 9 2015

EXHIBIT “8”

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT

RECEIVED AND FILED

PROOF OF CLAIM

Name of Debtor: AMERI-DREAM REALTY LLC
4875 NEVSO Dr.
LV. NV 89103

Case Number: 14-10110-LED

2015 FEB 9 PM 1 11

U.S. BANKRUPTCY COURT
MARY A. SCHOTT, CLERK

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):
ROBERT A. LOZARES

COURT USE ONLY

Name and address where notices should be sent:
ROBERT A. LOZARES
5886 NOBLE STAND ST.
LAS VEGAS, NV. 89148

Telephone number: (702) 666 3004 email: ROBERT.LOZARES@ICLOUD.COM

☐ Check this box if this claim amends a previously filed claim

Court Claim Number: _____ (If known)

Filed on: _____

Name and address where payment should be sent (if different from above):
SAME

Telephone number: email:

☐ 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.

1. Amount of Claim as of Date Case Filed: $ 4,550.00 SECURITY DEPOSIT + CLEANING

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: RESIDENTIAL PROPERTY SECURITY DEPOSIT & CLEANING FEE + RENTAL
(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)	3b. Uniform Claim Identifier (optional): (See instruction #3b)
8219		

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: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Basis for perfection: _____

Value of Property: $ _____

Amount of Secured Claim: $ _____

Annual Interest Rate _____% ☐ Fixed or ☐ Variable (when case was filed)

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 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4)

☐ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5)

Amount entitled to priority:

☒ Up to $2,775* 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)(__).

$ 4,550.00

*Amounts are subject to adjustment on 4/01/16 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)

EXHIBIT “9”

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

Name of Debtor:	Case Number:
AMERI-DREAM REALTY LLC	15-10110

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):
LIYUE YANG

Name and address where notices should be sent:
P. O. BOX 30413, Las Vegas, NV89173

Telephone number: 408-826-7177 email: DONGYANG7793@hotmail.com

Name and address where payment should be sent (if different from above):
same above

Telephone number: email:

COURT USE ONLY

☐ Check this box if this claim amends a previously filed claim.
Court Claim Number: _____ (If known)
Filed on: _____

☐ 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.

1. **Amount of Claim as of Date Case Filed:** $ ~~5,297.00~~ / ($ 5,297.00)

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 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:** My tenants desposits and Fees
(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)	3b. Uniform Claim Identifier (optional): (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.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Value of Property: $_____

Annual Interest Rate _____% ☐ Fixed or ☐ Variable
(when case was filed)

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:
$_____

Basis for perfection: _____

Amount of Secured Claim: $_____

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 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).

☐ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).

Amount entitled to priority:

☐ Up to $2,775* 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 4/01/16 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)

EXHIBIT “10”

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT District of Nevada

PROOF OF CLAIM

Name of Debtor: AMERI-DREAM REALTY LLC

Case Number: 15-10110

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): MARY VAN METER

FILED
U.S. Bankruptcy Court
District of Nevada
2/10/2015
Mary A. Schott, Clerk
COURT USE ONLY

Name and address where notices should be sent:
MARY VAN METER
16397 ANACONDA RD
MADERA , CA 93636

Telephone number: 714-457-8002 email: maryly77@gmail.com

☑ Check this box if this claim amends a previously filed claim.

Court Claim Number: 21 (*If known*)

Filed on: 02/10/2015

Name and address where payment should be sent (if different from above):

FILED - 00032
District of Nevada
Ameri-Dream, LLC

The Garden City Group, Inc. FEB 10 2015

Telephone number: email:

☐ 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.

1. **Amount of Claim as of Date Case Filed:** $ 975.00

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 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:** Holding Security/Key Deposits (See instruction #2)

3. **Last four digits of any number by which creditor identifies debtor:** 8219

3a. **Debtor may have scheduled account as:** _____ (See instruction #3a)

3b. **Uniform Claim Identifier (optional):** _____ (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.
Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:
Value of Property: $_____
Annual Interest Rate (when case was filed) __% ☐ Fixed or ☐ Variable

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: $_____
Basis for perfection: _____
Amount of Secured Claim: $_____
Amount Unsecured: $ 0.00

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).	☐ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. §507(a)(4).	☐ Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5).	**Amount entitled to priority:**
☑ Up to $2,775* 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)(_).	$ 975.00

**Amounts are subject to adjustment on 4/01/16 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)