EXHIBIT "61"

B10 (Official Form 10) (04/13)				
UNITED STATES BANKRUPT	CY COURT	District of Ne	vada	PROOF OF CLAIM
Name of Debtor:		Ca	se Number:	
Ameri-Dream Realty LLC		E	9K-S-15-10110-LED	San City Group Light
NOTE: Do not use this form to make a may file a request for pay	claim for an administrative expendent of an administrative expen			APRITO
Name of Creditor (the person or other en				1 \
Joel Allen Borden Jr, owner 85	72 Vestia Court, Las Vega	as, NV 89149		COURT USE ONLY
Name and address where notices should	be sent:			O Check this box if this claim amends a
Joel Allen Borden Jr. 2929 Badger Rd.				previously filed claim.
North Pole, AK 99702			_	Court Claim Number:
Telephone number: (702) 862-0497	email: bordenj@hotma	ail.com		(If known)
Name and address where payment should	d he coat (if different from abou	ne):		Filed on: O Check this box if you are aware that
realite and address where payment another	2 OC SCIIL (II GITIGUENL IIONI BOOV	14).		anyone else has filed a proof of claim
		FILED -	00147	relating to this claim. Attach copy of statement giving particulars.
		District of		Statement giving particulars.
Telephone number:	email.	Ameri-Drea	ım, LLC	
1. Amount of Claim as of Date Case F	iled: \$	1,235	5.00	
If all or part of the claim is secured, com	plete item 4.	-		
If all or part of the claim is entitled to pri	iority, complete item 5.			
OCheck this box if the claim includes in	terest or other charges in additi	ion to the principal a	amount of the claim. Attach a	a statement that itemizes interest or charges.
Basis for Claim: Security, Key, (See instruction #2)	Cleaning Deposits			,
Last four digits of any number by which creditor identifies debtor;	3a. Debtor may have sched	luled account as:	3b. Uniform Claim Identif	fier (optional):
0 0 1 0	(See instruction #3a)		(See instruction #3b)	
4. Secured Claim (See instruction #4)			Amount of arrearage and included in secured claim,	other charges, as of the time case was filed, if any:
Check the appropriate box if the claim is setoff, attach required reducted documen				s
Nature of property or right of setoff:	OReal Estate OMotor Vehic	le ØOther	Basis for perfection:	
Describe:				
Value of Property: S	-		Amount of Secured Claim	-
Annual Interest Rate% OFixe (when case was filed)	ed or 🗆 Variable		Amount Unsecured:	s
5. Amount of Claim Entitled to Priori the priority and state the amount.	ty under 11 U.S.C. § 507 (a).	If any part of the o	claim falls into one of the fol	llowing entegories, check the box specifying
① Domestic support obligations under I U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	 Wages, salaries, or eo earned within 180 days by debtor's business coased, 11 U.S.C. § 507 (a)(4). 	efore the case was f	fled or the employee ben	nefit plan -
✓ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or househouse – 11 U.S.C. § 507 (a)(7).	Taxes or penalties own 11 U.S.C. § 507 (a)(8).	ed to governmental	units - O Other - Sp applicable pa 11 U.S.C § 5	ragraph of
*Amounts are subject to adjustment on 4	01/16 and every 3 years therea	after 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	d for the purpose of	making this proof of claim. (S	See instruction #6)

EXHIBIT "62"

· Droberty Add		10 . TS	?
property Address:			
2716 Cheshire c	T		
Las vegas, NV	89198		W
UNITED STATES BANKRUPTCY COURT FOR THE DIS	TRICT OF NEVADA	PROOF OF CLAIM	
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10	110-LED		
NOTE: Do not use this form to make a claim for an administrative expense expense according to 11 U.S.C § 503.	se that arises after the bankrupecy filling. Yo	u may file a request for payment of an administrative	
Name of Creditor (the person or other entity to whom the Debtor owns m	V	e this claim accends a previously filed claim.	1
Name and address where notices should be sent	O Court Claim Number:	Jen City Group	
QIAN BAIYAN STAL		_ armonia	
1913 REDBIRD DR		APR 1 3 2015	
LAS VEGAS, NV. 8913		- \ /	
Telephone number	27		
Email address;	<u> </u>		-}
Name and address where payment should be sent (if different from above)	this daim. Attach copy of statem	e that anyone else has filed a proof of claim relating t ext giving particulars.	9
(SAMZ)		FILED - 00148	
		District of Nevada	
Tetephone number: 702-153-5059 Email address: HANNISNE YAHOO. CO	m l	Ameri-Dream, LLC	
1. Amount of Claim as of Date Case Filed: S 3 L4 L4	- 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.			
하는 사람이 가게 되었다면서 아이들이 되었다면 하는데 하는데 하는데 하는데 사람이 되었다.	lition to the principal amount of the claim.		
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 add Basis for Claim: DEPDSITS CO	lition to the principal amount of the claim.		ASE AGREGMENT
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 add	LLECTED BY		ASE AGREGMENT
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EXHIBIT "63"

property Address	: 3827 cape Roya	Ist.	
	Las. Vegas. NV	89147	11
United of the salar meter colors so		COLOR OF ENGINEERING	Щ
UNITED STATES BANKRUPTCY COURT FOI		PROOF OF CLAIM	-
Name of Debtor: Ameri-Dream Realty, LLC Case	ie No. 15-10110-LED	8 2	
NOTE: Do not use this form to make a claim for an administ expense according to 11 U.S.C. § 503.	trative expense that arises after the bankruptcy filing. Y	ou may file a reiquest for payment of an administrative]
Name of Creditor (the person or other entity to whom the Distributely): $GENEQUINN$		at this claim amends a previously filed claim.	
fame and address where notices should be sent.		Con-	
GENE QUINN		(Thenen) St. Child and D. Co.	1
1913 REDBIRD.		APR 1 3 2015	₽?
LAS VEGAS, NV. 8 elephone number: 702-779-9364 man address: GENEQUINN USA BE	9134 183:5059		
mail address: GENZQUINN USA FOR	SUALL OOM		4
Who and address where payment should be sent (if different	t from above): Of Check this box if you are awa this calm. Attach copy of statem	re that anyone else has filed a proof of claim relating to ment giving particulars.	1
(SAME)		FILED - 00149	
		District of Nevada	
ephone number: mil address:		Ameri-Dream, LLC	
Amount of Claim as of Date Case Filed: \$2	922		
If all or port of the claim is secured, complete item 4.		20	1.0
			1
If all or part of the claim is entitled to priority, complete	item 5		
		Attach a satement that Remines interest or charges.	
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if all or part of the claim is critited to priority, complete: Check this box if the claim includes interest or other of the claim includes interest of the claim includes interest included	titles debter: Ja. Debter may have scheduled account as: (See instruction #3a) Amount of arrest was filled, includes a set of a variable Amount of Second Or Overshie Contributions to an element was filled or the Debter's consed, whichever is earlier — Other - Specify apport of 11 U.S.C § 507 (a)(4)	3b. Uniform Claim Identifier (aptional): (See intraction #30) urage and other charges, as of the time case ed in steured claim, if any: sed: fallowing categories, check the bus specifying employee benefit 507 (a)(5). clicable paragraph Amount entitled to priority:	AGREEMEN
Check this box if the claim includes interest or other of Check this box if the claim includes interest or other of Check this box if the claim includes interest or other of Check this box if the claim includes interest or other of Check this properties box if the claim is secured by a lice. Secured Claim (See instruction #4)	titles debter: Ja. Debter may have scheduled account at: (See instruction #Ja) Amount of sirrer was filed, includes to account at: (See instruction #Ja) Amount of sirrer was filed, includes to account at: (See instruction #Ja) Amount of sirrer was filed, includes to account at: (See instruction #Ja) Amount of sirrer was filed, includes to account at the selection of a count at the selection of the the sel	3b. Uniform Claim Identifier (aptional): (See intraction #30) urage and other charges, as of the time case ed in steured claim, if any: sed: fallowing categories, check the bus specifying employee benefit 507 (a)(5). clicable paragraph Amount entitled to priority:	AGREEMEN
if all or part of the claim is critifed to priority, complete: Check this box if the claim includes interest or other of Check this box if the claim includes interest or other of Check this box if the claim includes interest or other of Check the operation #2) Last four digits of any number by which creditor ideast Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lier attach required reducted documents, and provide the required the required reducted documents, and provide the required property or right of setoff: Check the appropriate box if the claim is secured by a lier attach required reducted documents, and provide the required the required property or right of setoff: Check the appropriate box if the claim is secured by a lier attach required required to require the required for the claim is secured by a lier attach required the required for the claim is secured by a lier attach required to Check the appropriate box if the claim is secured by a lier attach required to check the appropriate box if the claim is secured by a lier attach required to check the appropriate box if the claim is secured by a lier attach required to Check the appropriate box if the claim is secured by a lier attach required to check the appropriate box if the claim is secured by a lier attach required to check the appropriate box if the claim is secured by a lier attach required to check the attach required to check the appropriate box if the claim is secured by a lier attach required to check the a	titles debter: Ja. Debter may have scheduled account at: (See instruction #Ja) Amount of sirrer was filed, includes to account at: (See instruction #Ja) Amount of sirrer was filed, includes to account at: (See instruction #Ja) Amount of sirrer was filed, includes to account at: Amount of Security and account at the security at a control of the claim falls into one of the security at a control of the Debter's censed, whichever is earlier — Other — Specify apportations owed to account units — If U.S.C. §	36. Uniform Claim Identifier (aptional): (See instruction \$30) urage and other charges, as of the time case ed in secured claim, if any: 5 ed: 5 following categories, check the box specifying cappoyer benefit 507 (a)(5). Amount entitled to priority: (a)() 5 2 7 7 5	AGREEMEN

EXHIBIT "64"

Drzon-tu Cold	
property Add: 6504 Rain Forest	
Las vegas, NV 89108	
	BOOK OF CLAPA
	ROOF 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 filling, You may file a request for a expense according to 11 U.S.C. § 503.	payment of an administrative
Name of Creditor (the person or other entity to whom the Debtor owes money or C) Check this box to indicate that this claim amends a pr	eviously filed claim.
property: HANLI SUN BAIYAN QIAN Court Claim Number:	
Name and address where notices should be sent.	City Group
BAIYAN QIAN	The same
1913 REDBIRD DR. Filed on:	IPR 1 3 2015
LASVEGAS, NV. 89134	
Telephone number: 702-483-5059 Email address: HANGISN (D. VA. HOD. COM	
Name and address where payment should be sent (if different from above): □ Check this box if you are aware that anyone eithe has fit this claim. Attach copy of statement giving particulars.	lied a proof of claim relating to
(SAM7) FILED - 00150	
District of Nevada Tolophone number: Ameri-Dream, LLC	. j .
Email address:	
I. Amount of Claim as of Date Case Filed: S	
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.	
O Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that is	emizes interest or charges.
2. Rasis for Claims: DEPOSITS COLLECTED BY BROKER PER (See instruction #2)	LEASE AGREEMENT.
	im (dentifier (optional):
	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 reducted documents, and provide the requested information. Amount of arrearage and other charges was filled, included is secured claim, if a stach required reducted documents, and provide the requested information.	
Nature of property or right of setoff:	1 .
Describe: Other Basis for perfection:	1
Value of Property: S Amount of Secured Claim: S	
Annual Interest Rate	
(When case was filed) Amount (Chile Entitled or Bright and 111 C. (1600 C.) Kenn and Chile fills between a fifth fill between a fill bet	herb the her specificing
 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, of the priority and state the amount. 	arca tal set specifing
□ Domestic support obligations under 11 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 plus - 11 U.S.C. § 507(a)(5).	
Up to \$2,775° of deposits toward business ceased, whichever is earlier − □ Other − Specify applicable paragraph of 11 U.S.C. § 507 (a)(4).	Amount entitled to priority:
services for personal, filmily, or household use – 11 U.S.C. § 507 (a)(7). Taxes or penalties owed to governmental units – 11 U.S.C. § 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 adjusts	nent
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 "65"

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100000	-		-		AE 1				•

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT O	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 are expense occording to 12 U.S.C. § 503.	es after the bankruptcy filing. You may file a	request for payment of an administrative	
Name of Creditor (the person or other entity to whom the Debtor owes money or property): CHANG, AUGUSTUS	Check this box to indicate that this claim	amends a previously filed claim.	
Name and address where notices should be sent:	Court Claim Number:	San City Group	
8 NEULO TEER		nown) (3th	
EDISON, NJ 08820	Filed on:	APR 1 4 2015	
,		\	
Telephone number: 732-321-4143 Email address: YUUHO650YAHOO.COM			
Name and address where payment should be sent (if different from above):	☐ Check this box if you are aware that anyo this claim. Attach copy of statement giving ;	one else has filed a proof of claim relating to particulars.	
	FILED -	00153	
	District of		
Telephone number: Email address;	Ameri-Dres	ım, LLC	
1. Amount of Claim as of Date Case Filed: \$ 415,00			
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 st	atement that itemizes interest or charges.	
2. Basis for Claim: SECURITY DEPOSIT HELD BY (See instruction #2)	AHERI-DREAM REALTY	FOR PROPERTIES.	
	Debtor may have scheduled 3b. account as:	Uniform Claim Identifier (optional):	
5 4 3 0		,	
	(See instruction #3a)	(See instruction #3b)	
 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a rigattach required redacted documents, and provide the requested information. 	Amount of arrearage and the of scioff, was filed, included in secu	other charges, as of the time case red claim, if any:	
	lotor Vehicle	s	
Describe:	Basis for perfection:		
Value of Property: S	Amount of Secured Claim	5	
Annual Interest Rate	ariable Amount Unsecured:	= 4115.00	
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 commiss \$12,475*) earned within 18 the case was filed or the Del	days before plan - 11 U.S.C. § 507 (a)(5)		
D Up to \$2,775* of deposits toward business oeased, whichever purchase, lease, or rental of property or 11 U.S.C. § 507 (a)(4):			
services for personal, family, or household use — 11 U.S.C. § 507 (a)(7). Taxtes or penalties owed to	u 11 0.3.c. y 307 (a) 22.	s 4115.00	
governmental units – 11 U.S 507 (a)(8).	.C. §		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter wi	th 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 p			

Modified B10 (GCG) (4/13)

EXHIBIT "66"

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT	OF NEVADA PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LEI	D
NOTE: Do not use this form to make a claim for an administrative expense that are expense occording to 11 U.S.C. § 503.	rises after the bankruptcy filing. You may file a request for payment of an administrative
Name of Creditor (the person or other entity to whom the Debtor owes money or property): Michelle Chou	Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: Michelle Chou	(1) known) Jaga City Group
16017 Wedgeworth Dr. Hacienda Heights, CA 91745	Filed on: APR 1 4 2015
Telephone number: 626 - 893-4629 Email address: Kangtonnehotmail 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.
8 8	FILED - 00154 District of Nevada Ameri-Dream, LLC
Telephone number: Email address:	The state of the s
2. Basis for Claim: Deposit on rental hom (See instruction #2) 3. Last four digits of any number by which creditor identifies debtor: 3. Q 4 7	3a. Debtor may have scheduled account as: 3b. Uniform Claim Identifier (optional):
<u> </u>	Michelle Chou (See instruction #3b) (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 sattach required reducted documents, and provide the requested information. Nature of property or right of setoff: □ Real Estate □ Other Describe:	Amount of arrearage and other charges, as of the time case right of setoff, was filed, included in secured cisim, if any:
Value of Property: S	Amount of Secured Claim: \$
Annual Interest Rate % D Fixed or O (when case was filed)	Amenat Unsecured: \$ 625
	part of the claim falls into one of the following entegories, check the bex specifying
D Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). Wages, salaries, or commit \$12,475*) enumed within 1 the case was filed or the D	rer is earlier - D Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(_) to
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter	
6. Credits. The amount of all payments on this claim has been credited for the	e purpose of making this proof of claim. (See instruction #6)

EXHIBIT "67"

UNITED STATES BANKRUPTCY COURT FOR THE DISTRIC	T OF NEVADA	PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-L		,
NOTE: Do not use this form to make a claim for an administrative expense that expense according to 11 U.S.C. § 503.	arises after the bankruptcy fling. You n	ncy file a request for payment of an administrative
Name of Creditor (the person or other entity to whom the Debtor owes money or property): Yu - Ping Wang	Check this box to indicate that t	his claim amends a previously filed claim.
Name and address where notices should be sent:	Court Claim Numbers	200
5632 Scotty Boy Dr.	Filed on:	- (Appenie) Par Cold month for
LV: NV 89113		- (APR 1 4 2015)
Telephone number 702-580-8851, 702-368-2232 Email address: faye chen a cox, net		
Name and address where payment should be sent (if different from above):	Check this box if you are aware t this cialm. Attach copy of statemen	that anyone else has filled a proof of claim relating to t giving particulars.
	7.0	TLED - 00156 strict of Nevada
Telephone number. Ernail address:	An	eri-Dream, U.C
Check this box if the claim includes interest or other charges in addition to	to the principal amount of the claim. As	each a statement that hemizes interest or charges
(See instruction #2)	^	arch a statement that itemizes interest or charges.
(See instruction #2)	Ameri Dream Rea	Jty
Basis for Cinim: Security Hold by O (See instruction #2) Last four digits of any number by which creditor identifies debtor: 3	Meri Dream Les	Jty
Basis for Cinim: Security Hold by O (See instruction #2) Last four digits of any number by which creditor identifies debtor: 3	a. Debtor may have scheduled account as: (See instruction #3a) Amount of arrestry	3h. Uniform Claim Identifier (optional):
Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a reattach required reducted documents, and provide the requested information. Nature of property or right of setoff:	a. Debtor may have scheduled account as: (See instruction #3a) Amount of arrestry	3b. Uniform Claim Identifier (optional): (See instruction #3b) ge and other charges, as of the time case is secured claim, if any: S
Secured Claim (See instruction #4) Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a reattach required reducted documents, and provide the requested information. Nature of property or right of setoff: Real Estate	(See instruction #3a) Amount of arreary was filed, included Motor Vehicle	3b. Uniform Claim Identifier (optional): (See instruction #3b) ge and other charges, as of the time case is secured claim, if any: 5
Secured Claim (See instruction #4) Secured Claim (See instruction #4) Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a stattech required reducted documents, and provide the requested information. Nature of property or right of setoff: Describe: Value of Property: S Annual laterest Rate % Fixed or	(See instruction #3a) Amount of securet Amount of Securet Variable	3b. Uniform Claim Identifier (optional): (See instruction #3b) ge and other charges, as of the time case is secured claim, if any: 5
Basis for Claim: Security Hold by O (See instruction #2) Last four digits of any number by which creditor identifies debtor: 5 6 8 1 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a statuch required reducted documents, and provide the requested information. Nature of property or right of setoff: Real Estate 0 to Describe: Value of Property: 5	Meri Dream Residence (See instruction #3a) Amount of arreary was filed, included Motor Vehicle Basis for perfection Amount of Secured	3b. Uniform Claim Identifier (optional): (See instruction #3b) ge and other charges, as of the time case is secured chain, if any: 5
Basis for Claim: Security Hold by O (See instruction #2) Last four digits of any number by which creditor identifies debtor: 5 6 8 1 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a rattach required reducted documents, and provide the requested information. Nature of property or right of setoff: Real Estate Other Describe: Value of Property: 5 Annual Interest Rate (when case was filed) Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any put the priority and state the amount. Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). \$12,475°) carned within 18	Amount of Secured Amount Unsecured art of the claim falls into one of the factions (up to Contributions to an es to days before plan - 11 U.S.C. 4 50	3b. Uniform Claim Identifier (optional): (See instruction #3b) ge and other charges, as of the time case is secured claim, if any: 5 Claim: 5 1 200 Slowing categories, check the box specifying imployee benefit. 7(a)(5)
Basis for Claim: Security Hold by O (See instruction #2)	Amount of Secured Variable Amount Unsecured art of the claim fails into one of the festions (up to Dominations to an established) Description of the festions of the festions (up to Dominations to an established)	3b. Uniform Claim Identifier (optional): (See instruction #3b) ge and other charges, as of the time case is secured claim, if any: 5 (Claim: 5 1200 Slowing categories, check the box specifying imployee benefit. 7(s)(5) Amount entitled to priority:
Basis for Claim: Security Hold by O (See instruction #2)	Amount of Secured Amount of Secured Amount of Secured Amount Unsecured Amount Unsecured Odays before plan - 11 U.S.C. § 507 (a	3b. Uniform Claim Identifier (optional): (See instruction #3b) ge and other charges, as of the time case is secured claim, if any: 5 Claim: S : \$ 1200 Slowing entegories, check the box specifying reployee benefit 7(4)(5) Amount entitled to priority:
Basis for Claim: Security Hold by O	Amount of seconds Amount of Secured Variable Amount Unsecured art of the claim falls into one of the falls ssions (up to Contributions to an e go days before plan - 11 U.S.C. § 50 of 11 U.S.C. § 507 (a seconds)	(See instruction #3b) gr and other charges, as of the time case is secured claim, if any: (Claim: S

EXHIBIT "68"

	. I LEADE BESIEVE TOUT ALL EN MARKE DE LANG BY LE HE FREI		
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 a expense according to 11 U.S.C. § 503.	arises after the bankruptcy filing. You may file a request for payment of an administrative		
Name of Creditor (the person or other entity to whom the Debtor owes money or	O Check this box to indicate that this claim amends a previously filed claim.		
property: Lin Chiu Lan Living Trust	Court Claim Number:		
Name and address where notices should be sent:	City Group		
1315 Belcastro St.	(If known)		
Las Vegas NV 89117	Filed on: APR 1 4 2015		
	. APR 14 2013		
Telephone number: 202 - 338 - 8882, 702-580-8851			
Email address: fayechen@cox.net			
Name and address where payment should be sent (if different from above):	Cl Check this box if you are aware that enyone else has filed a proof of claim relating to this claim. Attach copy of statement glving particulars.		
	FILED - 00157		
	District of Nevnda		
Telephone number: Email address:	Ameri-Dream, LLC		
Amount of Claim as of Date Case Filed: S / 5 5 0			
If all or pert of the claim is secured, complete item 4.			
If all or part of the claim is entitled to priority, complete item 5.			
2. Basis for Claim: Security Deposit hold by Ameri Drea in Regity. 2. Basis for Claim: Security Deposit hold by Ameri Drea in Regity.			
(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):		
11 (1 2 %	account as:		
4436	(See instruction #3a) (See instruction #3b)		
Secured Chilm (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a ri	Amount of arrearsg: and other charges, as of the time case		
attach required reducted documents, and provide the requested information.	S		
Nature of property or right of setoff: Real Estade No.	Autor Vahicle Basis for perfection:		
Value of Property: S	Amount of Secured Claim: 5		
Annual Interest Rate % ☐ Fixed or ☐ V (when case was filed)	Amount Unsecured: \$ 1550		
 Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any pathe priority and state the amount. 	ert of the claim falls into one of the following categories, check the box specifying		
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). ☐ Up to \$2,775* of deposits toward ☐ Wages, salaries, or commiss \$12,475*) earned within 18 the case was filed or the Del business ceased, whichever	0 days before plun = 11 U.S.C. § 507 (a)(5). btor's Amount entitled to priority:		
purchase, lease, or rental of property or services for personal, family, or	of 11 U.S.C. § 507 (a)(_). 5 /550		
governmental units - 11 U.S	.C §		
governmental units – II U.S 507 (a)(8)			
governmental units - 11 U.S	th respect to cases commenced on or after the date of adjustment.		

EXHIBIT "69"

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 are expense according to 11 U.S.C § 503.	ises after the bankruptcy filing. You may file a request for payment of an administrative
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.
property: Lin Chin Lan Living Trust	Court Claim Number:
Name and address where notices should be sent:	Cib. 0
1315 Belcastro	Of imoun) Siden City Work
Las Vegas NV 89117	Filed on:
Telephone number:	
Email address:	
Name and address where payment should be sent (if different from above):	O Check this box if you are aware that anyone else has filed a proof of daken relating to this claim. Attach copy of statement giving particulars.
	FILED - 00158
	. District of Nevada
Telephone number: 702 - 338 - 888 \(\times\), 702 - 580 - 885 \(\times\) Email address: \(\frac{faye}{faye}\) Cheh \(\omega\) Cox net 1. Amount of Claim as of Date Case Filed: S \(\times\) \(\times\) 2 > 5	Ameri-Dream, LLC
1. Amount of Claim as of Date Case Filed: S 1225	
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.	
	the principal amount of the claim. Attach a statement that itemizes interest or charges.
2. Basis for Claim: Se Curity Deposit how (See instruction 62)	ld by UmeriDream Realty
3. Last four digits of any number by which creditor identifies debtor: 3a.	
4 4 3 6	account as:
7725 -	(See instruction #3a) (See instruction #3b)
4. Secured Claim (See instruction #4)	Amount of arrearage and other charges, as of the time case
Check the appropriate box if the claim is secured by a lien on property or a righ attach required reducted documents, and provide the requested information.	
Nature of property or right of setoff: □ Real Estate □ Mod	stor Vehicle
Describe:	Basis for perfection:
Value of Property: S	Amount of Secured Claim: S
Annual Interest Rate% © Fixed or © Var. (when case was filed)	Amount Casecured: \$ 1225
(when case was filed)	122
(when case was filed) Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part	Amount Unsecured: \$ 1225 t of the claim fails into one of the failowing entegories, check the box specifying ons (up to Contributions to an employee benefit lays before plan - 11 U.S.C. § 507 (a)(5).
(when case was filed) Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part the priority and state the amount. Domestic support obligations under U.S.C. § 507 (a)(1)(A) or (a)(1)(B). \$12,475°) carned within 180 d	Amount Unsecured: st of the claim fails into one of the failowing categories, check the box specifying one (up to Contributions to an employee benefit days before plan - 11 U.S.C. § 507 (a)(5). or's cartier - Cother - Specify applicable paragraph of 11 U.S.C. § 507 (a)(_).

EXHIBIT "70"



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 are expense according to 11 U.S.C. § 503.	ses after the bankruptcy filing. You may file a request for payment of an administrative		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): CHANGZHONG TONG	☐ Check this box to indicate that this claim amends a previously filed claim.		
Name and address where notices should be sent:	Court Claim Number:		
CHANGZHONG TONG	(If known) (If known)		
1565 Whispering Oaks Way	Filed on:		
Pleasanton, CA 94566	APR 1 5 2015		
0.01010			
Telephone number: (925)922-9498 Email address: catong@gmail.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 AND		
	FILED - 00159 District of Nevada		
Telephone number:	Ameri-Dream, LLC		
Email address: 1. Amount of Claim as of Date Case Filed: \$ 3335.00			
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.	and the second s		
	the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: deposits toward rental (See instruction #2)	end repair services provided		
3. Last four digits of any number by which creditor identifies debtor: 3s	a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional): account as:		
8 2 1 9			
A Fernand Chalm (Fee instruction MA)	(See instruction #3a) (See instruction #3b)		
 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a reattach required redacted documents, and provide the requested information. 	Amount of arrearage and other charges, as of the time case ight of setoff, was filed, included in secured claim, if any:		
	Motor Vehicle		
Describe:	Basis for perfection:		
Value of Property: S	Amount of Secured Claim: \$		
Annual Interest Rate% ☐ Fixed or ☐ (when case was filed)	Variable 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 commit \$12,475°) earned within 11 the case was filed or the D	80 days before plan – 11 U.S.C. § 507 (a)(5).		
Up to \$2,775* of deposits toward business ceased, whichever purchase, lease, or rental of property or 11 U.S.C. § 507 (a)(4).	r is earlier - Other - Specify applicable paragraph Amount entitled to priority:		
services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	\$ 3000.00		
governmental units – 11 U. 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)		

Modified B10 (GCG) (4/13