

EXHIBIT “21”

Modified B10 (GCG) (4/13)

EXHIBIT “22”

Modified B10 (GCG) (4/13)

EXHIBIT “23”

Modified B10 (GCG) (4/13)

EXHIBIT “24”




UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM												
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED														
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.														
Name of Creditor (the person or other entity to whom the Debtor owes money or property): Christina Ying Deng, Chen Zhao Name and address where notices should be sent: Christina Ying Deng, Chen Zhao 1499 Huntington Dr. #400 South Pasadena, CA 91030 Telephone number: 702-480-7234 Email address: mikecheung702@hotmail.com	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____ <div style="text-align: center;">  </div>													
Name and address where payment should be sent (if different from above): Telephone number: Email address:	<input type="checkbox"/> 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. <div style="text-align: center;"> FILED - 00259 District of Nevada Ameri-Dream, LLC </div>													
1. Amount of Claim as of Date Case Filed: \$ 1,950.00 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. <input type="checkbox"/> 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: <u>Refundable Deposits of 5998 Banbury Heights Way., LV NV 89139 (Deposits statement, Deposit Summary, Lease Agreement, Management Agreement attached)</u> <small>(See instruction #2)</small>														
3. Last four digits of any number by which creditor identifies debtor: <div style="text-align: center; font-size: large;"> <u>3</u> <u>7</u> <u>4</u> <u>2</u> </div>	3a. Debtor may have scheduled account as: _____ <small>(See instruction #3a)</small>	3b. Uniform Claim Identifier (optional): _____ <small>(See instruction #3b)</small>												
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 requested redacted documents, and provide the requested information. <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Nature of property or right of setoff:</td> <td style="width: 30%;"> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other </td> <td style="width: 40%;"> Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ </td> </tr> <tr> <td colspan="2">Describe: _____</td> <td>Basis for perfection: _____</td> </tr> <tr> <td colspan="2">Value of Property: \$ _____</td> <td>Amount of Secured Claim: \$ _____</td> </tr> <tr> <td colspan="2">Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable <small>(when case was filed)</small></td> <td>Amount Unsecured: \$ _____</td> </tr> </table>			Nature of property or right of setoff:	<input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	Describe: _____		Basis for perfection: _____	Value of Property: \$ _____		Amount of Secured Claim: \$ _____	Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable <small>(when case was filed)</small>		Amount Unsecured: \$ _____
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Value of Property: \$ _____		Amount of Secured Claim: \$ _____												
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable <small>(when case was filed)</small>		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. <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B) </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> 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). </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). </td> </tr> <tr> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> 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). </td> <td style="vertical-align: top;"> <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). </td> <td style="vertical-align: top;"> <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____). </td> </tr> </table> <div style="text-align: right; margin-top: 10px;"> Amount entitled to priority: \$ 1,950.00 </div> <p style="font-size: x-small; margin-top: 10px;">*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.</p>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B)	<input type="checkbox"/> 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).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	<input checked="" type="checkbox"/> 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).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).						
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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 “25”

Modified B10 (GCC) (4/13)

EXHIBIT “26”

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EXHIBIT “27”

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EXHIBIT “28”

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EXHIBIT “29”

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EXHIBIT “30”



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM						
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED								
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.								
Name of Creditor (the person or other entity to whom the Debtor owes money or property): Christina Ying Deng, Chen Zhao Name and address where notices should be sent: Christina Ying Deng, Chen Zhao 1499 Huntington Dr. #400 South Pasadena, CA 91030 Telephone number: 702-480-7234 Email address: mikecheung702@hotmail.com	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____ <div style="text-align: center;">  </div>							
Name and address where payment should be sent (if different from above): Telephone number: Email address:	<input type="checkbox"/> 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. <div style="text-align: center;"> FILED - 00266 District of Nevada Ameri-Dream, LLC </div>							
1. Amount of Claim as of Date Case Filed: \$ 1,550.00 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. <input type="checkbox"/> 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: <u>Refundable Deposits of 10537 White Heath Ct., LV NV 89144 (Deposits statement, Deposit Summary, Lease Agreement, Management Agreement attached)</u> (See instruction #2)								
3. Last four digits of any number by which creditor identifies debtor: <div style="text-align: center;"> <u>3</u> <u>7</u> <u>4</u> <u>2</u> </div>	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 reduced documents, and provide the requested information. <table style="width: 100%;"> <tr> <td style="width: 60%;"> Nature of property or right of setoff: _____ Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed) </td> <td style="width: 40%;"> 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: \$ _____ </td> </tr> </table>			Nature of property or right of setoff: _____ Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> 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: \$ _____				
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