EXHIBIT "21"



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 property). Christina Ying Deng, Chen Zhao	☐ Check this box to indicate that this claim amends a previously filed claim.	
Name and address where notices should be sent:	Court Claim Number:	
Christina Ying Deng, Chen Zhao	(If known)	
1499 Huntington Dr. #400	Filed on:	
South Pasadena, CA 91030	Filed on:	
Telephone number 702-480-7234		
Telephone number. 702-480-7234 Email address: mikecheung702@hotmail.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.	
	FILED - 00261	
	District of Nevada	
Telephone number. Email address:	Ameri-Dream, LLC	
I. Amount of Claim as of Date Case Filed: S_1,645.00		
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.	
Refundable Deposits of 1013 Olive	Mill Ln., LV NV 89134 (Deposits statement,	
2. Basis for Claim: Refundable Deposits of 1013 Olive Mill Ln., LV NV 89134 (Deposits statement, (See instruction #2) Deposit Summary, Lease Agreement, Management Agreement attached)		
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: 3b. Uniform Claim Identifier (optional):		
3 7 4 2		
A Description of the Indiana and Indiana a	(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 right of setoff, attach required reducted 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 ☐ B	Motor Vehicle	
Describe:	Basis for perfection:	
Value of Property: S	Amount of Secured Claim: S	
	/anable .	
(when case was filed) 5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any p	Amount Unsecured: \$ art of the claim falls into one of the following categories, check the hox specifying	
the priority and state the amount.		
☐ Domestic support obligations under 11 U.S C. § 507 (a)(1)(A) or (a)(1)(B). \$12,475*) earned within 18 the case was filed or the De	00 days before plan – LLUS C. § 507 (a)(5)	
☑ Up to \$2,775* of deposits toward business ceased, whichever	is earlier - Other - Specify applicable paragraph	
purchase, lease, or rental of property or services for personal, family, or	of 11 U.S.C. § 507 (a)(_) s_1,645.00	
household use = 11 U S C § 507 (a)(7) Taxes or penalties owed to governmental units = 11 U: 507 (a)(8).	S C §	
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter w	nth 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 "22"

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NITED 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 on administrative expense that ori expense according to 11 U.S.C. § 503.	ses ofter the bankruptcy filing. You may file	e a request for payment of an administrative	
Name of Creditor (the person or other entity to whom the Debtor owes money or property): Guangqine Lin	Check this box to indicate that this cla	im amends a previously filed claim	
Name and address where notices should be sent	Court Claim Number:		
Guangqine Lin		(If known) Group, L/O	
7902 Teal Harbor Av		SCIII	
Las Vegas, NV 89117	Filed on:	MN - 1 2015	
Telephone number: 702-480-7234			
Email address: mikecheung702@hotmail.com			
Name and address where payment should be sent (if different from above)	Check this box if you are aware that are this claim. Attach copy of statement giving	nyone else has filed a proof of claim relating to ng particulars.	
	FILED - 003	257	
	District of Ne	vada	
Telephone number: Email address.	Ameri-Dream,	uc	
Amount of Claim as of Date Case Filed: \$ 2,225.00			
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 i	a statement that itemizes interest or charges.	
2. Basis for Claim: Refundable Deposits of 8303 Sterling Harbor Ct, LV NV 89117 (Deposits statement, Deposit Summary,			
(See instruction #2) Lease Agreement, Management Agreement attached)			
3. Last four digits of any number by which creditor identifies debtor: 3a	Debtor may have scheduled 31 account as:	h. Uniform Claim Identifier (optional):	
6 2 4 6	Was in reserving 42. A		
4. Secured Claim (Sec instruction #4)	(See instruction #3a)	(See instruction #3b) nd other charges, as of the time case	
Check the appropriate box if the claim is secured by a lien on property or a ri attach required reducted documents, and provide the requested information.			
Nature of property or right of setoff:	Aotor Vehicle		
Describe:	Basis for perfection:		
Value of Property: S	Amount of Secured Cla	nim: S	
Annual Interest Rate	/ariable Amount Unsecured:	\$	
 Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any puthe priority and state the amount. 			
☐ Domestic support obligations under II U.S.C. § 507 (a)(1)(A) or (a)(1)(B) ☐ Wages, salaries, or commis \$12,475*) earned within 18 the case was filed or the De	0 days before plan − 11 U S.C. § 507 (a		
☑ Up to \$2,775* of deposits toward business ceased, whichever	is earlier - Other - Specify applicable		
purchase, lease, or rental of property or services for personal, family, or	of 11 U.S.C. § 507 (a)(s 2,225.00	
household use – 11 U.S.C. § 507 (a)(7). Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8)	SC §		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter w	uh 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 "23"

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1000	388	80 B	B MAR	ш	II ()	10	3 B

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT	OF NEVADA PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LEI	
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 Debter owes money or property). Christina Ying Deng, Chen Zhao	Check this box to indicate that this claim amends a previously filed claim. Court Claim Number:
Name and address where notices should be sent: Christina Ying Deng, Chen Zhao 1499 Huntington Dr. #400 South Pasadena, CA 91030	Filed on:
Telephone number 702-480-7234 Email address mikecheung702@hotmail.com	- MAY
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. FILED - 00258
Telephone number: Email address.	District of Nevada Ameri-Dream, LLC
Basis for Chim: Refundable Deposits of 8490 Fauc (See instruction #2) Deposit Summary, Lease Agreeme	to the principal amount of the claim. Attach a statement that itemizes interest or charges set Av., LV NV 89147 (Deposits statement, ent, Management Agreement attached)
Last four digits of any number by which creditor identifies debtor: 3 7 4 2	a. Debtor may have scheduled account us: 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 rattach required reducted documents, and provide the requested information. Nature of property or right of setoff: □ Real Estate □ Describe:	(See instruction #3a) (See instruction #3b) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: 5 Mutor Vehicle Basis for perfection:
Annual Interest Rate	Variable Amount Unsecured: \$
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 household use - 11 U.S.C. § 507 (a)(7) Taxes or penalties owed to governmental units - 11 U.	sart of the claim falls into one of the following categories, check the box specifying ssions (up to Contributions to an employee benefit 80 days before plan - 11 U.S.C. § 507 (a)(3). ehtor's r is earlier - Cother - Specify applicable paragraph of 11 U.S.C. § 507 (a)(_). \$ 1,050.00
507 (ax8) *Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter w	vith respect to caues 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 "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 ari expense according to 11 U.S.C. § 503.	ses after the bankruptcy filling. 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): Christina Ying Deng, Chen Zhao		
Name and address where notices should be sent:	Court Claim Number:	
Christina Ying Deng, Chen Zhao	(If known) Ext Group, UC	
1499 Huntington Dr. #400	Filed on:	
South Pasadena, CA 91030	Filed on:	
Telephone number: 702-480-7234		
Email address: mikecheung702@hotmail.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	
require and address where payment should be sent (in different from above).	this claim. Attach copy of statement giving particulars.	
	FILED - 00259	
	District of Nevada	
Telephone number:	Ameri-Dream, LLC	
Email address: I. 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.		
☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemazes interest or charges.		
2. Basis for Claim: Refundable Deposits of 5998 Banbury Heights Way., LV NV 89139 (Deposits statement,		
	nt, Management Agreement attached) Debtor may have scheduled 3b. Uniform Claim Identifier (optional):	
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: 3b. Uniform Claim Identifier (optional):		
3 7 4 2		
	(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 right of setoff, was filed, included in secured claim, if any: 		
attach required reducted documents, and provide the requested information.	s	
Nature of property or right of setoff: Real Estate Other	Motor Vehicle	
Describe:	Basis for perfection:	
Value of Property: S	Amount of Secured Claim: S	
Annual Interest Rate % □ Fixed or □ \	/ariable	
(when case was filed)	Amount Unsecured: \$	
 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) \$12,475*) earned within 18 the case was filed or the De	ebtor's Amount entitled to priority:	
29 Up to \$2,775 of deposits toward business ceased, whichever purchase, lease, or rental of property or 11 U.S.C. § 507 (a)(4).	of 11 U.S.C. 6 507 (aV).	
services for personal, family, or		
household use – 11 U.S.C. § 507 (a)(7). governmental units – 11 U. 507 (a)(8).		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter w	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		
The state of the s	Madical Biologo (All B	

EXHIBIT "25"



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 on 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 property): Christina Ying Deng, Chen Zhao	Cleck this box to indicate that this claim amends a previously filed claim.	
Name and address where notices should be sent. Christina Ying Deng, Chen Zhao	(If known) Cha Group, LLC	
1499 Huntington Dr. #400		
South Pasadena, CA 91030	Filed on: 4 1 2013	
Telephone number 702-480-7234		
Email address: mikecheung702@hotmail.com	☐ Check this box if you are aware that anyone else has filed a proof of claim relating to	
Name and address where payment should be sent (if different from above):	this claim. Attach copy of statement giving particulars.	
	F1LED - 00260	
	District of Nevada	
Telephone number: Emait address:	. Ameri-Dream, LLC	
Amount of Claim as of Date Case Filed: S 1,685.00		
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	o the principal amount of the claim. Attach a statement that itemizes interest or charges.	
Refundable Deposits of 10825 Arm	nitage Av., LV NV 89144 (Deposits statement, Deposit Summary,	
(See instruction #2) Lease Agreement, Management Agreement attached) 3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: 3b. Uniform Claim Identifier (optional):		
3 7 4 2		
	(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 natuch required reducted 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: \$	Amount of Secured Claim: \$	
Annual Interest Rate% ☐ Fixed or ☐ ' (when case was filed)	Variable Amount Unsecured: \$	
 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 15	80 days before plan = 11 U.S.C. § 507 (a)(5).	
the case was filed or the D Up to \$2,775* of deposits toward business ceased, whicheve	r is earlier - Other - Specify applicable paragraph Amount entitled to priority:	
purchase, lease, or rental of property or 11 U.S.C. § 507 (a)(4)	of IT U.S.C. § 507 (a)().	
services for personal, family, or household use – 11 U S C. § 507 (a)(7) Taxes or penalties owed to governmental units – 11 U 507 (a)(8).	*	
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter w	with respect to cases commenced on an after the date of adjustment	
Credits. The amount of all payments on this claim has been credited for the		
	harden or committee and brook or season from anymorther any	

EXHIBIT "26"



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 ari expense according to 11 U.S.C. § 503.	ses after the bankruptcy filing. You may file o 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): Chester Chih Chieh Pan	Court Claim Number:	
Name and address where notices should be sent. Chester Chih Chieh Pan	Eld Group, UC	
8035 Sunset Creek St	(If known)	
Las Vegas, NV 89102	Filed on: (If known)	
Telephone number: 702-480-7234		
Limail address: mikecheung702@hotmail.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.	
• • • • • • • • • • • • • • • • • • • •	FILED - 00262	
	District of Nevada	
Telephone number	Ameri-Dream, LLC	
Email address:		
Amount of Claim as of Date Case Filed: S 1,900.00	_	
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. Danie for Claims	et Creek St., LV NV 89113 (Deposits statement, Deposit Summary,	
(See instruction #2) Lease Agreement, Management Agreement attached) 3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional):		
3. Last four digits of any number by which creditor identifies debtor: 3a	account as:	
<u>6</u> <u>1</u> . <u>0</u> <u>6</u>		
	(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 right of setoff, was filed, included in secured claim, if any: 		
attach required reducted documents, and provide the requested information. Nature of property or right of setoff: Real Estate	fotor Vehicle	
Nature of property or right of setoff: Real Estate Other	Basis for perfection:	
Describe:		
Value of Property: S	Amount of Secured Claim: S	
Annual Interest Rate % Fixed or	/uriable	
(when case was filed)	Amount Unsecured: \$	
 Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any pothe priority and state the amount. 	art of the claim falls into one of the following categories, check the box specifying	
☐ Domestic support obligations under II U.S.C. § 507 (a)(1)(A) or (a)(1)(B). Wages, salaries, or commis \$12,475*) earned within 18	00 days before plan = 11 U.S C. § 507 (a)(5).	
the case was filed or the De business ceased, whichever	is earlier - Other - Specify applicable paragraph Amount entitled to priority:	
purchase, lease, or rental of property or services for personal, family, or	of 11 U.S.C. § 507 (a)(). s 1,900.00	
household use – 11 U.S.C. § 507 (a)(7) Taxes or penalties owed to governmental units – 11 U.5 507 (a)(8).	S C. §	
 Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter w 	uth respect to cases commenced on or after the date of adjustment.	

EXHIBIT "27"



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT O	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 ofter the bankruptcy filing. You may file a request for payment of an administrative		
Name of Cruditor (the person or other entity to whom the Debtor owes money or property)* Danna He	☐ Check this box to indicate that this claim amends a previously filed claim.		
Name and address where notices should be sent:	Court Claim Number:		
Danna He	(If known) City Group, LC		
7275 Tara Av	Filed on:		
Las Vegas, NV 89117	Filed on:		
Telephone number: 702-480-7234			
Email address: mikecheung702@hotmail.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		
Name and address where payment should be sent (it different from above).	this claim. Attach copy of statement giving particulars.		
	FILED - 00263		
Telephone number:	District of Nevada Ameri-Dream, LLC		
Email address:	Autor Diram, LLC		
Amount of Claim as of Date Case Filed: S_1,650.00			
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,		
Basis for Claim: Refundable Deposits of 337 Winery (See instruction #2) Lease Agreement, Management Agreement Agre	Ridge St, LV NV 89144 (Deposits statement, Deposit Summary,		
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional):			
account as:			
7 2 3 2	(for larger to 45)		
1 Secured Ctalm (See instruction 64)	(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 rig attach required reducted documents, and provide the requested information 			
	fotor Vehicle		
□ Other	Basis for perfection:		
Describe:			
Value of Property: S	Amount of Secured Claim: \$		
	ariable		
(when case was filed)	Amount Unsecured: \$		
 Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any pa the 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) Wages, salaries, or commiss \$12,475*) earned within 18 the case was filed or the De	0 days before plan = 11 U S.C. § 507 (a)(5).		
☑ Up to \$2,775* of deposits toward business ceased, whichever	is earlier - Other - Specify applicable paragraph Amount entitled to priority:		
purchase, lease, or rental of property or services for personal, family, or	of 11 U.S.C. § 507 (a)() § 1,650.00		
household use – 11 U S C, § 507 (a)(7). Taxes or penalties owed to governmental units – 11 U S 507 (a)(8)	SC §		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter wi	ith 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			

EXHIBIT "28"

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF	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 ari expense according to 11 U.S.C. § 503.	ises after the bankruptcy filling. 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): Danna He	Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent:	Court Claim Number:
Danna He	(If known) agen City Grave
7275 Tara Ave	Filed on.
Las Vegas, NV 89117	(MAY ~ 1 2015
702 490 7224	
Telephone number: 702-480-7234 Email address: mikecheung702@hotmail.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.
•	FILED - 00264
Telephone number:	District of Nevada
Email address:	Ameri-Dream, LL.C
Amount of Claim as of Date Case Filed: S 3,875.00	
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
Basis for Claim: Refundable Deposits of 262 Garden	n Trellis Ct., LV NV 89148 (Deposits statement,
	nt, Management Agreement attached)
3. Last four digits of any number by which creditor identifies debtor: 3a	Debtor may have scheduled account as: 3b. Uniform Claim Identifier (optional):
7 2 3 2	
4. Secured Claim (See instruction #4)	(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 nattach required reducted documents, and provide the requested information. 	Amount of arrearage and other charges, as of the time case ight of sctoff, was filed, included in secured claim, if any:
- Indiana de la company de la	Motor Vehicle
Describe:	Basis for perfection:
Value of Property: S	Amount of Secured Claim: S
Annual Interest Rate % □ Fixed or □ \ (when case was filed)	Variable
	art 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) \$12,475*) camed within 18	80 days before plan – 11 U.S.C. § 507 (a)(5)
the case was filed or the De Up to \$2,775* of deposits toward purchase, lease, or rental of property or 11 U.S.C. § 507 (a)(4)	r is earlier — Other – Specify applicable paragraph of 11 U.S.C. 8 507 (av.).
services for personal, family, or household use — 11 U.S.C. § 507 (a)(7). Taxes or penalties ewed to governmental units — 11 U: 507 (a)(8).	
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter w	rith 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	

EXHIBIT "29"



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 as expense occording to 21 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 property) Christina Ying Deng, Chen Zhao	Check this box to indicate that this claim amends a previously filed claim.		
Name and address where notices should be sent: Christina Ying Deng, Chen Zhao	Court Claim Number:		
1499 Huntington Dr. #400	10 mm/		
South Pasadena, CA 91030	Filed on (MAY = 1 2015)		
Telephone number: 702-480-7234			
Email address: mikecheung702@hotmail.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		
	. FILED AND		
	FILED - 00265 District of Nevada		
Telephone number:	Ameri-Dream, LLC		
Email address:			
Amount of Claim as of Date Case Filed: S_1,350.00			
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	to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
Refundable Deposits of 8065 King Ransom St., LV NV 89139 (Deposits statement,			
(Sec instruction #2) Deposit Summary, Lease Agreement, Management Agreement attached) 3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: 3b. Uniform Claim Identifier (optional):			
3 7 4 2			
	(See instruction #3a) (See instruction #3b)		
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required reducted 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:			
	Motor Vehicle Basis for perfection:		
Describe:			
Value of Property: \$ 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 1.	80 days before plan 11 U.S.C. § 507 (a)(5)		
the case was filed or the D business ceased, whicheve purchase, lease, or rental of property or ITUS.C § 507 (a)(4).	r is earlier — Other – Specify applicable paragraph of 11 U.S.C. 8 507 (a) Amount entitled to priority:		
services for personal, family, of household use – 11 U.S.C § 507 (a)(7) Taxes or penalties owed to governmental units – 11 U 507 (a)(8).			
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter v	ith 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 "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 an expense occording to 11 U.S.C. § 503.	ses ofter 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): Christina Ying Deng, Chen Zhao	☐ Check this box to indicate that this claim amends a previously filed claim.	
Name and address where notices should be sent:	Court Claim Number:	
Christina Ying Deng, Chen Zhao	(if known) Siden City Grave	
1499 Huntington Dr. #400	Filed on.	
South Pasadena, CA 91030	MAY = 1 2015	
Telephone number. 702-480-7234		
Email address. mikecheung702@hotmail.com	☐ Check this box if you are aware that anyone else has filed a proof of claim relating to	
Name and address where payment should be sent (if different from above):	this claim. Attach copy of statement giving particulars.	
	FILED - 00266 District of Nevada	
Telephone number:	Ameri-Dream, LLC	
Email address: 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 stem 5.		
	the principal amount of the claim. Attach a statement that itemizes interest or charges.	
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. Refundable Deposits of 10537 White Heath Ct., LV NV 89144 (Deposits statement,		
Basis for Claim: Retundable Deposits of 10537 White Heath Ct., LV NV 89144 (Deposits statement, (See instruction #2) Deposit Summary, Lease Agreement, Management Agreement attached)		
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: 3b. Uniform Claim Identifier (optional):		
3 7 4 2		
L Secured Claim (See Instruction #4)	(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 right of setoff, attach required reducted 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: attach required reducted documents, and provide the requested information.		
Nature of property or right of setoff: Real Estate !	Motor Vehicle	
Describe:	Basis for perfection:	
Value of Property: S	Amount of Secured Claim: S	
. Annual Interest Rate% Fixed or \(\text{(when case was filed)} \)	/ariable Amount Unsecured: \$	
 Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any p the priority and state the amount. 	art 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) Wages, salaries, or commissions (up to □ Contributions to an employee benefit \$12,475°) earned within 180 days before plan – 11 U.S.C. § 507 (a)(5).		
☐ Up to \$2,775* of deposits toward the case was filed or the D business ceased, whicheve purchase, lease, or rental of property or 11 U.S.C. § 507 (a)/4).		
services for personal, family, or	\$ 1,550.00	
household use = 11 U.S.C. § 507 (a)(7). Takes or penalines owed to governmental units = 11 U. 507 (a)(8).		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter w	ith 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)	