EXHIBIT "21"



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 ari	ises ofter the bankruptcy filling. You may file a request for payment of an adminis	strative	
expense according to 11 U.S.C. § 503. Name of Creditor (the person or other entity to whom the Debtor owes money or	☐ Check this box to indicate that this claum amends a previously filed claim.		
property): Lin Zhang			
Name and address where notices should be sent:	Court Claim Number:		
Lin Zhang	(If known) System City Gray	\	
P.O.Box 522431 .	Filed on.	E	
Salt Lake City, UT 84152	MAY - 8 min	5	
	\ \ ° 40/5	,	
Telephone number 801-347-2889 Email address: lin.zhang.cs@gmail.com			
Email address: In. 2nang.cs@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 i	relating to	
i i and an analog where payment annual of sent (in uniform from 800ve).	this claim. Attach copy of statement giving particulars.		
	EII ED - 00409		
	F1LED - 00498 District of Nevada		
Telephone number:	Ameri-Dream, LLC		
Email address: Amount of Claim as of Date Case Filed: \$ 2,864.00 (Tenant department)	posit \$4.750 + legues, missing seet \$4.444)		
	505ii. \$1,750 + January missing rent. \$1,114)		
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 cl	narges.	
at onsister current	ent, 9204 Red Currant Ave. Las Vegas NV 89148 (Deposit	s statem	
	ent, Management Agreement attached)		
Last four digits of any number by which creditor identifies debtor:	Debtor may have scheduled 3b. Uniform Claim Identifier (option account as:	onal):	
0 8 4 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 n	Amount of arrearage and other charges, as of the time cas ight of setoff, was filed, included in secured claim, if any:	e	
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: \$	_	
	Variable		
(when case was filed)	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 speci	fying	
□ Domestic support obligations under □ Wages, salaries, or commis			
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	
20 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. § 507 (a)().	priority:	
services for personal, family, or household use – II U.S.C. § 507 (a)(7).	\$ 2,864.00		
governmental units - 11 U. 507 (a)(7).			
*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		

Modified B10 (GCG) (4/13)

EXHIBIT "22"

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- 18	MARK CIT		100.0	***	***	01112		

		THE STREET OF EACH OF BUILDING
UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT	OF NEVADA	PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LE	D	
NOTE: Do not use this form to make a claim for an administrative expense that a expense according to 11 U.S.C. § 503.	rises after 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): Jeffrey Chen, Shirley Zheng	☐ Check this box to indicate that this cla — Court Claim Number:	im amends a previously filed claim.
Name and address where notices should be sent: Jeffrey Chen, Shirley Zheng		(If known) State City Group
818 29th Av San Francisco, CA 94121	Filed on:	MAY - 8 2015
Telephone number: 415-730-4541 Email address: jeff6142001@yahoo.com		
Name and address where payment should be sent (if different from above):	☐ Check this box if you are aware that a this claim. Attach copy of statement give	nyone else has filed a proof of claim relating to ng particulars.
	FILED -	
Celephone number:	District of Ameri-Dre	
Email address: Amount of Claim as of Date Case Filed: \$ 1,800.00	1	
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.
Check this box if the claim includes interest or other charges in addition Basis for Claim: Refundable Deposits of 3921 Equinox (See instruction #2) Lease Agreement, Management Agree Last four digits of any number by which creditor identifies debtor:	Ct., LV NV 89147 (Deposits state ement attached)	
Check this box if the claim includes interest or other charges in addition Refundable Deposits of 3921 Equinox (See instruction #2) Lease Agreement, Management Agree	Ct., LV NV 89147 (Deposits state ement attached) 3a. Debtor may have scheduled 3	ement, Deposit Summary,
□ Check this box if the claim includes interest or other charges in addition Basis for Claim: Refundable Deposits of 3921 Equinox (See instruction #2) Lease Agreement, Management Agree Last four digits of any number by which creditor identifies debtor: 9 8 7 6 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a attach required reducted documents, and provide the requested information. Nature of property or right of setoff: □ Real Estate □ Other	Ct., LV NV 89147 (Deposits statement attached) 3a. Debtor may have scheduled account as: (See instruction #3a) Amount of arrearage a was filed, included in se	b. Uniform Claim Identifier (optional): (See instruction #3b) and other charges, as of the time case
Check this box if the claim includes interest or other charges in addition Refundable Deposits of 3921 Equinox (See instruction #2) Lease Agreement, Management Agree Last four digits of any number by which creditor identifies debtor: 9 8 7 6 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a attach required reducted documents, and provide the requested information. Nature of property or right of setoff:	Ct., LV NV 89147 (Deposits statement attached) 3a. Debtor may have scheduled account as: (See instruction #3a) Amount of arrearage a was filed, included in set of school.	b. Uniform Claim Identifier (optional): (See instruction #3b) and other charges, as of the time case ecured claim, if any:
□ Check this box if the claim includes interest or other charges in addition Refundable Deposits of 3921 Equinox (See instruction #2) Lease Agreement, Management Agree Last four digits of any number by which creditor identifies debtor: 9 8 7 6 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a tien on property or a strach required reducted documents, and provide the requested information Nature of property or right of setoff: □ Real Estate □ Other Describe: Value of Property: S	Ct., LV NV 89147 (Deposits statement attached) 3a. Debtor may have scheduled account as: (See instruction #3a) Amount of arrearage a was filed, included in selection: Motor Vehicle Basis for perfection:	b. Uniform Claim Identifier (optional): (See instruction #3b) and other charges, as of the time case ecured claim, if any:
Check this box if the claim includes interest or other charges in addition Refundable Deposits of 3921 Equinox (See instruction #2) Lease Agreement, Management Agree Last four digits of any number by which creditor identifies debtor: 9 8 7 6 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a tien on property or a stach required reducted documents, and provide the requested information. Nature of property or right of setoff: Describe: Value of Property: S Annual Interest Rate	Ct., LV NV 89147 (Deposits statement attached) 3a. Debtor may have scheduled account as: (See instruction #3a) Amount of arrearage a was filed, included in set was filed, included in set was filed. Amount of Secured Classical Variable Amount Unsecured:	ement, Deposit Summary, b. Uniform Claim Identifier (optional): (See instruction #3b) and other charges, as of the time case ecured chaim, if any: \$
Check this box if the claim includes interest or other charges in addition Basis for Claim: Refundable Deposits of 3921 Equinox (See instruction #2) Lease Agreement, Management Agree Last four digits of any number by which creditor identifies debtor: 9 8 7 6 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a attach required reducted documents, and provide the requested information Nature of property or right of setoff: Real Estate Describe: Value of Property: S Annual Interest Rate % Fixed or (when case was filed) Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any	Ct., LV NV 89147 (Deposits statement attached) 3a. Debtor may have scheduled account as: (See instruction #3a) Amount of arrearage a was filed, included in set was filed, included in set was filed. Amount of Secured Classis for perfection: Amount Unsecured: part of the claim falls into one of the following sissions (up to Contributions to an emph 180 days before plan - 11 U.S.C. § 507 (as emph 180 days be	emenf, Deposit Summary, b. Uniform Claim Identifier (optional): (See instruction #3b) and other charges, as of the time case ecured claim, if any: \$ sim: \$ sim: \$ sometimes are specifying oyee benefit (x)(5).
Check this box if the claim includes interest or other charges in addition Refundable Deposits of 3921 Equinox (See instruction N2) Lease Agreement, Management Agree Last four digits of any number by which creditor identifies debtor: 9 8 7 6 Secured Claim (See instruction N4) Check the appropriate box if the claim is secured by a tien on property or a attach required reducted documents, and provide the requested information. Nature of property or right of setoff: Pacal Estate Other Describe: Value of Property: S Annual Interest Rate (when case was filed) Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any 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	Ct., LV NV 89147 (Deposits statement attached) 3a. Debtor may have scheduled account as: (See instruction #3a) Amount of arrearage a was filed, included in set was filed, included	emenf, Deposit Summary, b. Uniform Claim Identifier (optional): (See instruction #3b) Ind other charges, as of the time case ecured claim, if any: \$ sim: \$ wing categories, check the box specifying oyee benefit ()(5). Amount entitled to priority
□ Check this box if the claim includes interest or other charges in addition Refundable Deposits of 3921 Equinox (See instruction #2) Lease Agreement, Management Agree Last four digits of any number by which creditor identifies debtor: 9 8 7 6 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a attach required reducted documents, and provide the requested information. Nature of property or right of setoff: Real Estate Other	Ct., LV NV 89147 (Deposits statement attached) 3a. Debtor may have scheduled account as: (See instruction #3a) Amount of arrearage a was filed, included in set was filed, included in set was filed, included in set was filed. Amount of Secured Classis for perfection: Amount of Secured Classis for perfection: Amount of Secured Classis for perfection: October 1 Variable Amount Unsecured: part of the claim falls into one of the following in the claim falls into	sement, Deposit Summary, b. Uniform Claim Identifier (optional): (See instruction #3b) (See instruction #3b) and other charges, as of the time case ecured claim, if any: \$ sim: \$ sim: \$ Amount entitled to priority \$ 1,800.00

EXHIBIT "23"

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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 n	nay file a request for payment of an administrative		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): Jeffrey Chen, Shirley Zheng	Court Claim Number:	his claim amends a previously filed claim.		
Name and address where notices should be sent: Jeffrey Chen, Shirley Zheng	Court Culm Number:	(If known) Sur CIM Group, ILC		
818 29th Av San Francisco, CA 94121	Filed on:	MAY - 8 2015		
Telephone number: 415-730-4541 Email address: jeff6142001@yahoo.com				
Name and address where payment should be sent (if different from above)	☐ Check this box if you are aware this cleim. Attach copy of statemen	that anyone else has filed a proof of claim relating to nt giving particulars.		
	FILED -	- 00500		
Telephone number:	District of			
Email address: 1. Amount of Claim as of Date Case Filed: \$ 1,900.00	Nation (an, occ		
	nower Dr, LV NV 89147 (De			
9 8 7 6	(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 rattach required reducted documents, and provide the requested information. Nature of property or right of setoff: □ Real Estate □ Other Describe:	Amount of arrea	rage and other charges, as of the time case d in secured claim, if any:		
Value of Property: S	Amount of Secur	ed Cluim: \$		
Annual Interest Rate	Variable Amount Unsecur	red: \$		
 Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any p the priority and state the amount. 	part 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). 22 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). 12 Wages, salaries, or commit 12,2475*) carned within 1 the case was filed or the D business ceased, whicheve 11 U.S.C. § 507 (a)(4). 13 Taxes or penalties owed to governmental units − 11 U 507 (a)(8).	80 days before plan – 11 U.S.C. § ebtor's cris earlier — Other – Specify ap of 11 U.S.C. § 507	507 (a)(5). Amount entitled to priority:		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter	with respect to cases commenced on o	r 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	n. (See instruction #6)		

Modified B10 (GCG) (4/13)

EXHIBIT "24"

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1 12 (11)	1111		10 12141		18 11	ш	8B 1	1

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): Jeffrey Chen, Shirley Zheng .	☐ Check this box to indicate that this claim amends a previously filed claim. Court Claim Number:				
Name and address where notices should be sent:	City Group				
Jeffrey Chen, Shirley Zheng	(If know files				
818 29th Av	Filed on: 444 - 8 2015				
San Francisco, CA 94121	(mai = 0 seri				
Telephone gumber: 415-730-4541					
Telephone number: 415-7-30-4541 Email address: jeff6142001@yahoo.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 - 00501				
	District of Nevada				
Telephone number:	Ameri-Dream, LLC				
Email address: 1. Amount of Claim as of Date Case Filed: \$_1,395.00					
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.					
	the principal amount of the claim. Attach a statement that itemizes interest or charges.				
	ir, LV NV 89147 (Deposits statement, Deposit Summary,				
(See instruction #2) Lease Agreement, Management Agreer 3. Last four digits of any number by which creditor identifies debtor: 34					
3. Last four agits of any number by which creditor identifies debtor: 3	a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional): account as:				
9 8 7 6					
	(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 ratuch 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				
☐ Other	Basis for perfection:				
Describe:					
Value of Property: S	Amount of Secured Claim: 5				
Annual Interest Rate% ☐ Fixed or ☐ (when case was filed)	Variable Amount Unsecured: \$				
	oart 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 commit \$12,475*) earned within 11	80 days before plan – 11 U.S.C. § 507 (a)(5).				
the case was filed or the Do Let Up to \$2,775* of deposits toward business ceased, whicheve					
purchase, lease, or rental of property or 11 U.S.C. § 507 (a)(4).	of II U.S.C. § 507 (a)() \$ 1,395.00				
services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).					
governmental units – 11 U. 507 (a)(8).	a.s., y				
*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	purpose of making this proof of claim. (See instruction #6)				

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 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): Edwin Chen, Tiao Mei Su Name and address where notices should be sent:	☐ Check this box to indicate that this claim amends a previously filed claim Court Claim Number:			
Famin chen, xiao Mei SU 1450 40th AVE Son Francisco, CA 94122	Filed on: (If known) MAY - 8 2015			
Telephone number: 415-341-7996 Email address: edc 612.@ Yahoo.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.			
Telephone number:	FILED - 00502 District of Nevada Ameri-Dream, LLC			
Email address: 1. Amount of Claim as of Date Case Filed: \$ 2,000.00				
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 t	o the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim:				
(See instruction #2) 3. Last four digits of any number by which creditor identifies debtor: 3	a. Debtor may have scheduled account as:			
7 9 6 8				
	(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 statch required redacted 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:			
Nature of property or right of setoff:	Motor Vehicle Basis for perfection:			
Value of Property: S	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 the priority and state the amount. 	part of the claim fulls 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). Uwages, salaries, or commission of 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 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 507 (a)(8).	of 11 U.S.C. § 507 (a)(_). S 2,000.00			
*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)			

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-LEE)	
NOTE: Do not use this form to make a claim for an administrative expense that are	ses after the bankruptcy filing. You may file	e 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	☐ Check this box to indicate that this cla	im amends a previously filed claim
property): Educia Cheed Sign Mar Cut	Check this box to thatcase that this cia	anti-anti-ros a previously fried classic.
Property): Edwin chen, Xiao Mei Su Name and address where notices should be sent:	Court Claim Number:	
Edwin chen. Xiao Mei Su		(If known) Sen City Group
1450 Yoth Ave San Francisco, CA 99122	Filed on:	(a) KA
CA 99/22		(MAY ~ 8 2015 }
San Mancisco, en l'		
Telephone number: 415-341-7996		
Email address: edc 612 @ Yahoo . com		
Name and address where payment should be sent (if different from above):	☐ Check this box if you are aware that an this claim. Attach copy of statement givin	nyone else has filed a proof of claim relating to ng particulars.
		•,
*	FILED - 00503	
Telephone number:	District of Nevac	
Email address:	Ameri-Dream, LI	
1. Amount of Claim as of Date Case Filed; 5 /. 400.00		
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:		
2. Basis for Claim: (See instruction #2)		,
3. Last four digits of any number by which creditor identifies debtor: 3	Debtor may have scheduled 31	b. Uniform Claim Identifier (optional):
7968	account ass	
	(See instruction #3a)	(See instruction #3b)
4. Secured Claim (See instruction #4)		nd other charges, as of the time case
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.	ght of sctoff, was filed, included in se	ecured claim, if any:
Nature of property or right of setoff: ☐ Real Estate ☐ 1	Motor Vehicle	3
Donather .	Basis for perfection:	
Describe:		
Value of Property: \$	Amount of Secured Cla	sim: 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 p the priority and state the amount. 	art of the claim falls into one of the follow	wing categories, check the box specifying
☐ Domestic support obligations under ☐ Wages, salaries, or commit 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). \$12,475*) earned within 1	80 days before plan – 11 U.S.C. § 507 (a	
the case was filed or the D Up to \$2,775* of deposits toward 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).		s 1.400.00
nousenoid 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	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 purpose of making this proof of claim. (See instruction #6)		

Modified B10 (GCG) (4/13)

EXHIBIT "27"

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п	ш	ш	ш	ш	шш	ш	ш	BII.	B 18	ш

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 or 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):	☐ Check this box to indicate that this claim amends a previously filed claim.					
Name and address where notices should be sent: TAU SAN CHOU	Court Claim Number:					
SHUN-TEN LEE	Filed on:					
418 CHURCHILL CT.						
418 CHURCHILL CT. BATAVIA, IL 60510 Telephone number: 630-879-0601						
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 - 00504 District of Nevada					
Telephone number:	Ameri-Dream, LLC					
Email address: 1. Amount of Claim as of Date Case Filed: S_1300 =	,					
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.						
	to the principal amount of the claim. Attach a statement that itemizes interest or charges.					
	American-Dream Realty for property					
	a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional):					
8219	TAU-SAN CHOU					
	(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 mattach 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: S	Value of Property: S Amount of Secured Claim: S					
Annual Interest Rate% ☐ Fixed or ☐ (when case was filed)	Variable Amount Unsecured: \$ 1300 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). S12,475*) earned within 11 the case was filed or the De	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).						
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 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 "28"



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 aris 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) Enoch Hon, Ka Wong	☐ Check this box to indicate that this claim amends a previously filed claim.			
Name and address where notices should be sent:	Court Claim Number:			
Enoch Hon, Ka Wong	(If known) Len City Group,			
2164 Frances Ln	Filed on:			
Rowland Hgts, CA 91748	(MAY 1 1 2015)			
909-630-5910				
Telephone number Empil address: enoch_hon@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 - 00507			
Telephone number	District of Nevada			
Email address .	Ameri-Dream, LLC			
Amount of Claim as of Date Case Filed: \$ 1,825.00				
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 5433 Nettle	Way, Las Vegas NV 89135 (Deposits statement, Deposit			
2. District Children	erty management agreement attached)			
	Debtor may have scheduled 3b. Uniform Claim Identifier (optional): account as:			
<u>5 1 7 4 </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 rig attach required redacted documents, and provide the requested information. 	Amount of arrearage and other charges, as of the time case that of setoff, was filed, included in secured claim, if any:			
	fotor Vehicle			
Describe:	Basis for perfection:			
Value of Property: S	Amount of Secured Claim: S			
Annual Interest Rate	anable Amount Upsecured: \$			
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any pa	art of the claim falls into one of the following categories, check the box specifying			
the priority and state the amount.	ing for the D Contribution to an amplement by S			
☐ Domestic support obligations under ☐ Wages, salaries, or commiss \$12,475*) earned within 18i the case was filed or the Del	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 11 U.S.C. § 507 (a)(4) services for personal, family, or	of 11 U.S.C. § 507 (a)().			
household use = 11 U.S C. § 507 (a)(7). Taxes or penalties owed to governmental units = 11 U.S 507 (a)(8)	S C. §			
*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 p	surpose of making this proof of claim. (See instruction #6)			

EXHIBIT "29"

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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 ${}^\sim$				
Name of Creditor (the person or other entity to whom the Debtor owes money or property): Hong Name and address where notices should be sent:	Court Claim Number:				
Hong Yu	(If known)				
230 Botanic Gardens Dr. Lan Vegas, NV 89148	Filed on: (3 MAY 1 1 2015				
Telephone number: 7027386912 Email address: Yuh 6651@Sina.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 glving particulars.				
	FILED - 00510 District of Nevada				
Telephone number: Email address:	· Ameri-Dream, LLC				
1. Amount of Claim as of Date Case Filed: S 3600.300					
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: rental deposits (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):				
8219	Hong Yu				
	(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 attach required reducted documents, and provide the requested information. 	Amount of arrearage and other charges, as of the time case ght of setoff, was filed, included in secured claim, if any:				
	Solotor Vehicle				
Describe:	Basis for perfection:				
Value of Property: S	Amount of Secured Claim: S				
Annual Interest Rate	ariable Amount Unsecured: S				
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim fulls into one of the following categories, check the box specifying the priority and state the amount.					
☐ Domestic support obligations under ☐ Wages, salaries, or commissions (up to ☐ Contributions to an employee benefit ☐ U.S.C. § 507 (a)(1)(A) or (a)(1)(B). \$12,475*) earned widthin 180 days before plan — 11 U.S.C. § 507 (a)(5).					
the case was filed or the Debtor's business ceased, whichever is earlier – purchase, lease, or rental of property or services for personal, family, or the personal family, or Taxes or penalties owed to					
household use = 11 U S.C. § 507 (a)(7). Taxes or permattee over to governmental units = 11 U.S. 507 (a)(8)	5.C §				
* 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.					
 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"

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THE SECTION STORY		100 2013	# 0 / 1 (#) T#	ш
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1 198/1991 & JOSEPH 199/19	maa	mm	BO 10 1 70 200 100 1	n
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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 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) Lorraino A Department	☐ Check this box to indicate that this claim	im amends a previously filed claim			
Lotraine A Daillienberg	Court Claim Number:	ion City C			
Name and address where notices should be sent Lorraine A Dannenberg		(li known) Garden on Work			
4600 Swenson St. 255		() [S]			
Las Vegas, NV 89119	Filed on:	(MAY 1 1 2015)			
		(/			
Telephone number. 702-601-7284					
Email address Sarona1957@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				
i	this claim. Attach copy of statement givin	ng particulars.			
FILED - 00511		İ			
District of Nevada Ameri-Dream, LLC		-			
Telephone number: Ameri-pream Essail address:					
Amount of Claim as of Date Case Filed: \$ 850.00					
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.		ı			
☐ Check this box if the claim includes interest or other charges in addition to	the principal amount of the claum. Attach :	a statement that itemizes interest or charges.			
Basis for Claim: Refundable Deposits of 4340 Sanderlin (See instruction #2) Lease Agreement, Management Agree		5 (Deposits statement,			
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional):					
0 4 0 0	account as:				
0 4 0 0	(See instruction #3a)	(See instruction #3b)			
4. Secured Claim (See instruction #4)		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.	ght of setoff, was filed, included in se	ecured claim, if any:			
Nature of property or right of setoff: Real Estate :	fotor Vehicle	·			
Describe:	Basis for perfection:				
Describe:					
Value of Property; S Amount of Secured Claim: S					
Annual Interest Rate %					
(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 ☐ Wages, salaries, or commissions (up to ☐ Contributions to an employee benefit ☐ U.S. C. § 507 (a)(1)(A) or (a)(1)(B) ☐ S12,475*) earned within 180 days before ☐ plan - II U.S.C. § 507 (a)(5).					
the case was filed or the Debtor's business ceased, whichever 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 11 U.S.C. § 507 (a)(_). services for personal, family, or \$850.00					
household use – 11 U.S.C. § 507 (a)(7).	SC §				
507 (a)(8).					
*Amounts are subject to adjustment on 4.1.16 and every 3 years thereafter with respect to cases commenced on or ofter 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) Medified B10 (GCG) (4/13)					