EXHIBIT "41"

14



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 ar 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). James Lui	☐ Check this box to indicate that this claim amends a previously filed claim	
Name and address where notices should be sent:	Court Claim Number:	
James Lui	(If known) SSEET CATY Group	
1576 Bridlebrok Cr	\a	
Salt Lake City, UT 84117	Filed on. (MAY 1 1 2015)	
Telephone 2009box 801-455-8999		
reseptione number.		
Email address ifflui8@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	
Name and address where payment should be sent (it different from above).	this claim. Attach copy of statement giving particulars.	
FILED - 00523		
District of Nevada		
Telephone number: Ameri-Dream, LLC Email address:		
L. Amount of Claim as of Date Case Filed: \$ 1,450.00		
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. Busis for Claim: Refundable Deposits of 7987 Ange	Tree Ct Las Vegas NV 89147 (Deposits statement, Deposit	
	24 months Ameri-Dream rent ACH receipts attached)	
	a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional): account as:	
5 7 5 2		
(See instruction #3a) (See instruction #3b)		
 Secured Claim (Sec 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	
Describe:	Basis for perfection:	
Value of Property: S	Amount of Secured Claim: S	
Annual Interest Rate% □ Fixed or □	Variable	
(when case was filed)	Amount Unsecured: \$	
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
☐ Domestic support obligations under 11 U.S.C § 507 (a)(1)(A) or (a)(1)(B). ☐ Wages, salaries, or commissions (up to ☐ Contributions to an employee benefit 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 11 U.S.C. § 507 (a)(4)	r is earlier — Other – Specify applicable paragraph of 11 U.S.C. 6 507 (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	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)

EXHIBIT "42"

Modified B10 (GCG) (4/13)

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): Amy Cui Fang Lum, Hep Yuen Lum	☐ Check this box to indicate that this claim amends a previously filed claim.	
Name and address where notices should be sent. Amy Cui Fang Lum, Hep Yuen Lum	Court Claim Number:	
551 Verducci Dr	(8)	
Daly City, CA 94015	Filed on: MAY 1 1 2015	
Telephone rumber: 702-480-7234		
rereproduce frameway.	, , , , , , , , , , , , , , , , , , , ,	
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 - 00524	· ·	
District of Nevada		
Telephone number:		
Email address:	,	
1. Amount of Claim as of Date Case Filed: \$ 1,760.00		
If all as and of the claim is account assessed assessed.		
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 clasm includes interest or other charges in addition to	the principal amount of the clasm. Attach a statement that itemizes interest or charges.	
	Brook Dr, Las Vegas NV 89147 (Deposits statement, Deposit	
	24 months rent deposit AmeriDream ACh, receipts attached) a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional):	
	a. Debtor may have scheduled account as: 3b. Uniform Claim Identifier (optional):	
3 9 3 6	(Continued at Max)	
(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 ri attach required redacted documents, and provide the requested information.	ight of setoff, was filed, included in secured claim, if any:	
Nature of property or right of setoff: ☐ Real Estate ☐ M	Motor Vehicle	
Describe:	Basis for perfection:	
Value of Property: S	Amount of Secured Claim: \$	
Annual Interest Rate% ☐ Fixed or ☐ \	Variable	
(when case was filed)	Amount Unsecured: \$	
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
☐ Domestic support obligations under IT U.S.C. § 507 (a)(1)(A) or (a)(1)(B). ☐ Wages, salaries, or commissions (up to ☐ Contributions to an employee benefit fl2,475*) earned within 180 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).	of 11 U.S.C. § 507 (a)(). s 1,760.00	
services for personal, family, or household use 11 U.S.C. § 507 (a)(7) Taxes or penalties owed to		
governmental units – 11 U. 507 (ax8).	S.C. 9	
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter w	with respect to cases commenced on or offer the date of adjustment.	
6. Credits. The amount of all payments on this claim has been credited for the	The state of the s	
the property of the payment of the p	response to the property of the state of the	

EXHIBIT "43"

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	·,	
١	ros:	



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT	OF NEVADA PR	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 are expense according to 11 U.S.C. § 503.	es after the bankruptcy filing. You may file a request for p	oyment of an administrative
Name of Creditor (the person or other entity to whom the Debtor owes money or property)* Edmimi Inc	☐ Check this box to indicate that this claim amends a pro	eviously filed claim.
Name and address where notices should be sent.	Court Claim Number:	City C
Michael Yang, Thi Le Tang	((f'knorn)	Calgey and around
9548 Glass Slipper Rd	/	[3]
Sandy, UT 84092	Filed on	MAY 1 1 2015
		: ')
,	,	
Telephone number: 801-209-5082		
Email address: mzyang@yahoo.com	Do-th-le-f	Ded a great of claim relation to
Name and address where payment should be sent (if different from above).	□ Check this box if you are aware that anyone else has f this claim. Attach copy of statement giving particulars.	nied a proof of Claim relating to
FILED - 00525		
District of Nevada		
Telephone number. Ameri-Dream, LLC		
Email address.		
Amount of Claim as of Date Case Filed: S_3,100.00	_ .	
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: Refundable Deposits of 6031 Deve	rs Ct, Las Vegas NV 89118 (Deposits state	ement, Deposit
(See instruction #2) Summary, Lease Agreement, Las 24 months Ameri-Dream rent ACH receipts 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):		
4 6 9 3		
	(See instruction #3a) (See	e 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. 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	lotor Vehicle	
Nature of property or right of setoff: Real Estate Other	Basis for perfection:	
Describe:		
Value of Property: S	Amount of Secured Claim: \$	
	anable	
(when case was filed)	Amount Unsecured: \$	shock the box specificion
 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 commis \$12,475°) carried within 18	0 days before plan - 11 U S C § 507 (a)(5)	
the case was filed or the De 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 II U S C. § 507 (a)()	s 3,100.00
household use – 11 U.S.C. § 507 (a)(7). Taxes or penalties owed to governmental units – 11 U.	iC ĕ	
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	surpose of making this proof of claim. (See instruction #6)	

Modified B10 (GCG) (4/13)

EXHIBIT "44"

PROOF	OF CLA	IM

INITED 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.	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): Lian Wen Lin	☐ Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent:	Court Claim Number:
Lian Wen Lin	(If known) (Spiller 1992)
7275 Tara Av	(, , , , , , , , , , , , , , , , , , ,
Las Vegas, NV 89117	Filed on: MAY 1 1 2015
8	
Taluahuna aumbar 702-480-7234	
Telephone number 702-460-7234 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.
F1LED - 00526	
District of Nevada	
Telephone number Ameri-Dream, LLC Email address.	
Amount of Claim as of Date Case Filed: \$ 1,400.00	
If all or part of the claim is secured, complete stem 4,	
If all or part of the claim is entitled to priority, complete item 5.	
_a. Silikaan maanaan ka ka ka ka ka a a sa s	A control of the first section and the form
	the principal amount of the claim. Attach a statement that itemizes interest or charges
4. Bases for Curini.	shurst Av, Las Vegas NV 89148 (Deposits statement, Deposit
(See instruction #2) Summary, Lease Agreement, Mana 3. Last four digits of any number by which creditor identifies debtor: 3a	Debtor may have scheduled 3b. Uniform Claim Identifier (optional):
	account as:
9 5 5 7	
	(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 number 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:
Nature of property or right of setoff: Real Estate Other	dotor Vehicle Busis for perfection:
Describe:	Basis for perfections.
Value of Property: S	Amount of Secured Claim: \$
Annual Interest Rate	/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 following categories, check the box specifying
☐ Domestic support obligations under If U.S.C § 507 (a)(1XA) or (a)(1XB). ☐ Wages, salaries, or commis \$12,475*) earned within 18	10 days before plan - 11 U.S.C. § 507 (a)(5).
	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)(_) s 1,400.00
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	ith respect to cases commenced on or after the date of adjustment.
	ourrose of making this proof of claim (See instruction #6)

EXHIBIT "45"



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 filling. 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 of property): Wai Lee, Yu Chun Lee		aim amends a previously filed clasm	
Name and address where notices should be sent	Court Claim Number:	on City Grav	
Wai Lee, Yu Chun Lee		(If known)	
11696 S. Sprucebery Cir	Filed on.	/ " " "	
Draper, UT 84020	FRIGUR.	MAY 11 2015	
Telephone number 801-450-3119			
Email address: calvinrph1999@hotmail.com	Chack this how if you are aware that a	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 givi		
FILED - 00527			
District of Nevada			
Telephone number: Ameri-Dream, LLC			
Amount of Claim as of Date Case Filed: S 1,530.00			
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.	
San Data adable Deposits of 10150 Co			
(See instruction #2) Summary, Lease Agreement, Las 24 months Ameri-Dream rent ACH receipts attached) 3. Last four digits of any number by which creditor identifies debtor: 3u. Debtor may have scheduled 3b. Uniform Claim Identifier (optional):			
	account as:		
2 2 0 9	2 2 0 9 (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, was filed, included in secured claim, if any:			
attach required reducted documents, and provide the requested information		s	
□ Other	Motor Vehicle Busis for perfection:		
Describe:			
Value of Property: S	Amount of Secured Ch	laim: S	
Annual Interest Rate% ☐ Fixed or C (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 If U.S.C. § 507 (a)(1)(A) or (a)(1)(B). Wages, salaries, or commissions (up to Under the Debtor's plan − 11 U.S.C. § 507 (a)(5). The case was filed or the Debtor's			
☑ Up to \$2.775* of deposits toward business ceased, whicher		le 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)(_	s 1.530.00	
household use – 11 U.S.C. § 507 (a)(7) Taxes or penalties owed governmental units – 11		•	
507 (a)(8).	oranie g		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter	 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 "46"

UNITED STATES BANKRUPTCY COURT FOR THE DISTR	RICT OF NEVADA PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-1011	0-LED
NOTE: Do not use this form to make a claim for an administrative expense t expense according to 11 U.S.C. § 503.	that arises 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 mon property): Li Fena	ey or Check this box to indicate that this claim amends a previously filed claim. Court Claim Number:
Name and address where notices should be sent:	(If known)
39948 San Simeon Ct.	Filed on: (3 MAY 1 1 2015
Fremont, CA 94539	
Telephone number: 510-3966265 Email address: to fengli@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.
	F1LED - 00529
Telephone number:	District of Nevada Ameri-Dream, LLC
Email address:	Ameri-Dream, ELC
1. Amount of Claim as of Date Case Filed: S 1000.00	
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 add	ition to the principal amount of the claim. Attach a statement that itemizes interest or charges.
2. Basis for Claim: Security deposit \$1000 for (See instruction #2)	572 Primrose Hill Ave., Las Vegas, NV 89178
 Last four digits of any number by which creditor identifies debtor: 	3a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional): account as:
8 2 1 9	Li Feng
	(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 attach required redacted documents, and provide the requested information. 	
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	☐ Variable Amount Unsecured: \$
 Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If the priority and state the amount. 	any 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). Wages, salaries, or c \$12,475°) earned wi the case was filed or	thin 180 days before plan – 11 U.S.C. § 507 (a)(5)
Up to \$2,775* of deposits toward business ceased, whit purchase, lease, or rental of property or 11 U.S.C. § 507 (a).	chever is earlier - Other - Specify applicable paragraph
services for personal, family, or household use – 11 U.S.C. § 507 (aX7).	wed to \$1000.00
507 (a)(8). *Amounts are subject to adjustment on 4/1/16 and every 3 years there	after with respect to cases commenced on or after the date of adjustment.
Credits. The amount of all payments on this claim has been credited f	
and the supposed of any language on this count the over created t	Modified B10 (GCG) (4/13)

EXHIBIT "47"

DROOF OF CLAIM		
UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA PROOF OF CLAIM		
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-101 0-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.	ative	
Name of Creditor (the person or other entity to whom the Debtor owes money or property)		
Name and address where notices should be sent: Court Claim Number:		
Li Feng (If known) Sity Group		
39948 San Simeon Ct. Filed on:		
Fremont, CA 94539		
Telephone number. 510-3966265 Email address: tofengli@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 retthis claim. Attach copy of statement giving particulars.	ating to	
FILED - 00530		
Telephone number: District of Nevada Ameri-Dream, LLC		
Email address:		
1. Amount of Claim as of Date Case Filed: S 1200.00		
If all or part of the claim is secured, complete #tem 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 in addition to the principal amount of the claim.	ges.	
2. Basis for Claim: Security deposit #1000 for 597 Shewsbury Ave, Las Vegas, NV 89178 (See instruction #2)	- 1	
3. Last four digits of any number by which creditor identifies debtor: 3. Debtor may have scheduled account as:	d):	
8 2 1 9 Li Feng		
(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 redacted documents, and provide the requested information. Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:		
Nature of property or right of setoff: Real Estate Motor Vehicle Other Basis for perfection:	-	
Describe:	-	
Value of Property: S Amount of Secured Claim: S	-	
Annual Interest Rate		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). Wages, salaries, or commissions (up to ☐ 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 business ceased, whichever is earlier − □ Other − Specify applicable paragraph Amount entired to 9 Amount entired to	riority:	
services for personal, family, or		
governmental units – 11 U.S.C. §		
307 (a)(8).		
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.		

EXHIBIT "48"

UNITED STATES BANKRUPTCY COURT FOR THE DISTRIC	CT 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 the expense according to 11 U.S.C. § 503.	t arises 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 property): Li Feng	
Name and address where notices should be sent:	Court Claim Number:
Li Feng	(If known) (State of the last
39948 San Simeon Co	Filed on: (MAY 1 1 2015)
Fremont, CA 94539	
Tetephone number. 510-3966>65 Email address: tofengli Ogmail. wm	
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.
	511 SD 40531
	FILED - 00531 District of Nevada
Telephone number: Email address:	Ameri-Dream, LLC
Amount of Claim as of Date Case Filed: S / 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	on to the principal amount of the claim. Attach a statement that itemizes interest or charges.
2. Basis for Claim: Security deposit \$1000 for (See instruction #2)	543 Swiss Cottage Ave. Las vegas, NV 89178
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional):
8 2 1 9	Li Feng
+	(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 attach required reducted documents, and provide the requested information. 	
Nature of property or right of setoff:	☐ 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 at the priority and state the amount.	sy 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). \$12,475*) earned with the case was filed or the	n 180 days before plan – 11 U.S.C. § 507 (a)(5).
Up to \$2,775* of deposits toward business ceased, which purchase, lease, or rental of property or 11 U S.C. § 507 (a)(4).	ever is earlier — Other – Specify applicable paragraph of 11 U.S.C. 8 507 (a)().
services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	\$ 1000.00
governmental units – 1 507 (a)(8).	I U.S.C. §
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereaft	er 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)

EXHIBIT "49"

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 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): Hamilton Lei	
Name and address where notices should be sent:	Court Claim Number:
Hamilton Lei	(If known) Self (AS)
713 E. Sierra Madre Ave.	Filed on:
Azusa, CA 91702	MAX 11 5013
626-818-1278	
Telephone number: Email address: hamiltonlei@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 - 00532
	District of Nevada
Telephone number: Email address:	Ameri-Dream, LL/C
1. Amount of Claim as of Date Case Filed: S 775.00	
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 Ctaim: Refundable Deposits of 5134 S. Jo	ones #101, Las Vegas, NV 89118 (Deposits statement,
(See instruction #2) Lease Agreement, Management A	
3. Last four digits of any number by which creditor identifies debtor:	ia. Debtor may have scheduled 3b. Uniform Claim Identifier (optional): account as:
9 6 0 6	
4. Secured Claim (See instruction #4)	(See instruction #3b) 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 attach required redacted documents, and provide the requested information.	right of setoff, was filed, included in secured claim, if any:
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	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 falls into one of the following categories, check the box specifying
11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). \$12,475*) earned within	
purchase, lease, or rental of property or 11 U.S.C. § 507 (a)(4).	er is earlier - Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(). c 775.00
services for personal, family, or household use – IT U.S.C. § 507 (a)(7). Taxes or penalties owed to governmental units – IT U.S.C.	
507 (2)(8). *Amounts are subject to adjustment on 4.1.16 and every 3 years thereafter	with respect to one a communication or other the date of colorate and
Credits. The amount of all payments on this claim has been credited for the	
Systems in the demonstrate of the polyments on this craim has been credited for the	purpose of making this proof of claim. (See instruction #6) Modified B10 (GCG) (4/13)

EXHIBIT "50"

Name of Debtor Ameri-Dream Realty, LLC Case No. 15-101 ID-LED Note of Debtor Ameri-Dream Realty, LLC Case No. 15-101 ID-LED NOTE: Do not use this form to make a closs for an administrative expense that arrises after the backsuptcy filing. You may file a request for poyment of an administrative expense that arrises after the backsuptcy filing. You may file a request for poyment of an administrative expense that arrises after the backsuptcy filing. You may file a request for poyment of an administrative for the passing of the filing that the case is a previously filed claim. Name and address where noises should be sent: Shirley Lam 163 Rutland St. Cranston, RI 02920 Filed on Court Claim Number: Filed on Court Claim Number: Court Claim Number: Court Claim Number: Court Claim Number: Filed on Court Claim Number: Court Claim Number: Court Claim Number: Court Claim Number: Filed on Court Claim Number: Filed on Court Claim Number: Court Claim Number: Court Claim Number: Filed on Court Claim Number: Filed on Court Claim Number: Court Claim Number: Court Claim Number: Court Claim Number: Filed on Court Claim Number: Court Claim Number: Court Claim Number: Filed on Court Claim Number: Filed on Court Claim Number: Court	• •	
Name of Debtor Ameri-Dream Rently, LLC Case No. 15-10 10-LED NOTE: Do not use this form to make a closin for an administrative expense that crises after the benkruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. 6.503. Name of Coeffort (the pasion or cheer entity to whom the Debtor ones money or property). Shriftery Lam Share and address where entity to whom the Debtor ones money or property. Shriftery Lam 163 Rutland St. Cranston, RI 02920. Filed on Court Claim Number: City formula this ciaim amends a previously filed claim. Property or right of sense of ciaim relations to the claim is a manufacture. Filed on Court Claim Number: Co	UNITED STATES BANKRUPTCY COURT FOR THE DISTR	RICT OF NEVADA PROOF OF CLAIM
Check this box is indicate that this claim amends a previously filed claim property.	Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-1011	
Shirley Lam 163 Rutland St. Cranston, RI 02920 Felephone number Shirley 2290@yahoo com Name and address where payment should be sent of different from above a shirt of states and particulars. Filed on Court Claim Number: Court Claim Number: (I) beauting the foliage of the sent of different from above a shirt open of statement giving particulars. Filed on Court Claim Number: (I) beauting the filed on the sent of the sent of different from above a shirt open of statement giving particulars. FILED - 00533 District of Nevada Ameri-Dream, LLC If all or part of the claim is entitled to priority, complete item 4. If all or part of the claim is entitled to priority, complete item 5. O Check this box if you are aware that anyone the has filed a proof of cinem relating to this claim. Attach opy of statement giving particulars. FILED - 00533 District of Nevada Ameri-Dream, LLC If all or part of the claim is entitled to priority, complete item 5. O Check this box if fee claim is sented to priority, complete item 5. O Check this box if fee claim is entitled to priority and the claim is entitled to Priority under It is a claim of the claim is a superior of a right of seto? See instruction 473 Last four digits of any number by which creditor identifies delitor: See instruction 473 Last four digits of any number by which creditor identifies delitor: See instruction 473 Lease Agreement, Management Agreement attached) See instruction 473 Amount of Claim (See instruction 47) Check the appropriate box if the claim is seconed by a lieu un property or a right of seto? Other Property: S. Amount of Claim (See instruction 47)	NOTE: Do not use this form to make a claim for an administrative expense of expense according to 11 U.S.C. § 503.	that arises after the bankruptcy filing. You may file a request for payment of an administrative
Name and address where notices should be sent Shirley Lam 163 Rutland St. Cranston, RI 02920 Felophone number Shirley 02920@yahoo.com Name and address where payment should be sent tif different from above of the claim and address where payment should be sent tif different from above of the claim and address where payment should be sent tif different from above of the claim and address where payment should be sent tif different from above of the claim and address where payment should be sent tif different from above of the claim and address where payment should be sent tif different from above of the claim and address where payment should be sent tif different from above of the claim and address where payment should be sent tif different from above of the claim and address where payment should be sent tif different from above of the claim and address where payment should be sent tif different from above of the claim and address where payment should be sent tif different from above of the claim and address where payment should be sent tif different from above of the claim and address where payment should be sent tif different from above of the claim and address where payment should be sent tif different from above of the claim and address where payment should be sent tif different from above of the claim and address where payment is entitled to priority, complete item 5. Check this box if you are aware that anyone eithe has split to should be sent tif different from above of the claim and address where payment address and anyone of the claim. Attach a statement that demands in the time time that the time and the tim	property):	ey or Check this box to indicate that this claim amends a previously filed claim
Shirley, Lam 163 Rutland St. Cranston, RI 02920 Felephone number 401-369-3168 Small address Shirley02920@yahoo.com Name and address where payment should be sent (if different from above) Telephone number. Filed on Check this box if you are aware that amone eithe has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. FILED - 0833 District of Nevada Ameri-Dream, LLC Amount of Claim as of Date Cave Filed: \$ 1,450.00 If all or part of the claim is entitled to priority, complete item 5. Check this box if the claim is entitled to priority complete item 5. Check this box if the claim is entitled to priority complete item 5. Check this box if the claim is entitled to priority complete item 5. Check this box if the claim is sentitled to priority complete item 5. Check this box if the claim is sented to priority complete item 5. Check this box if the claim is sented to priority complete item 5. Check this box if the claim is sented to priority complete item 5. Check this box if the claim is sented to priority complete item 5. Secured Chaim (See maruction 22) Lease Agreement, Management Agreement attached) 1. Secured Chaim (See maruction 24) Check the appropriate by if the claim is sented by a firm un property or a right of setoff claim is claim to secure the claim is entitled to Priority under It Pasc or Vanable Water of property or right of setoff: Check the appropriate by a firm on property or a right of setoff: Check the appropriate by a firm on property or a right of setoff: Check the appropriate by a firm on property or a right of setoff: Check the appropriate by a firm on property or a right of setoff: Check the appropriate fracted documents, and provide the requested minimization. Nature of property or right of setoff: Check the appropriate fraction of the claim is appropriate fraction of the claim is appropriate fraction of the priority and state the animate of the following earogaries, check the box specifying the priority and state the a		Court Claim Number:
Filed on		City Group,
Filed on Filed	·	
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Nature of property or right of setoff: Real Estate	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:
Describe: Value of Property: S		3
Value of Property: S	□ Other	
Annual Interest Rate	Describe:	
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C. Constributions on Alicenting and a Contribution of Contributions to an employee benefit	 Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If the priority and state the amount. 	
TI U S C, § 507 (a)(1)(A) or (a)(1)(B) S12.475*) caused within 180 days before plan = 11 U.S.C. § 507 (a)(5). Amount entitled to priority:	. ITUSC. § 507 (a)(1)(A) or (a)(1)(B) S!2.475*) camed w	ithin 180 days before plan = 11 U.S.C. § 507 (a)(5).
business ceased, whichever is earlier — Other – Specify applicable paragraph of H U S C § 507 (a)(4) — Services for personal family, or	25 Up to \$2,775* of deposits toward business ceased, who purchase, lease, or rental of property or 11 U.S.C. § 507 (a), services for personal (2001), or	achever is earlier - Other - Specify applicable paragraph of H U S C 8 507 (a)
household use ~ 11 U.S.C. § 507 (a)(7) Taxes or generated solution governmental solution 11 U.S.C. § 507 (a)(8)	household use 11 U.S.C § 507 (a)(7) Traces or penames of governmental antis-	
*Amounts are values to adjustment on 4.1.16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment	*Amounts are subject to adjustment on 4.1.16 and every 3 years there	edier with respect to cases commenced on or offer 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)		for the outnose of multipe this proof of claim. (See instruction =6)