

EXHIBIT “51”



| UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA | | PROOF OF CLAIM |
|---|---|---|
| Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED | | |
| NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503. | | |
| Name of Creditor (the person or other entity to whom the Debtor owes money or property): Wai Lee, Yu Chun Lee Name and address where notices should be sent: Wai Lee, Yu Chun Lee 11696 S SPRUCEBERY CIR DRAPER, UT 84020-6857 Telephone number: 801-450-3119 Email address: calvinrph1999@hotmail.com | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____ <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 150px; margin: 0 auto; padding: 10px;"> Garden City Group, LLC MAY 11 2015 </div> | |
| Name and address where payment should be sent (if different from above): Telephone number: Email address: | <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. <div style="text-align: center;"> FILED - 00534 District of Nevada Ameri-Dream, LLC </div> | |
| 1. Amount of Claim as of Date Case Filed: \$ <u>1,650.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges. | | |
| 2. Basis for Claim: <u>Refundable Deposits of 3178 Lapis Beach Dr. Las Vegas, NV 89117 (Deposits statement, Lease Agreement, Management Agreement attached)</u> <small>(See instruction #2)</small> | | |
| 3. Last four digits of any number by which creditor identifies debtor: <div style="text-align: center; font-size: 1.2em;"> <u>2</u> <u>2</u> <u>0</u> <u>9</u> </div> | Ja. Debtor may have scheduled account as: _____ <small>(See instruction #3a)</small> | Jb. Uniform Claim Identifier (optional): _____ <small>(See instruction #3b)</small> |
| 4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required reduced documents, and provide the requested information. | | |
| Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable <small>(when case was filed)</small> | | Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____ |
| 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. | | |
| <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). | | <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____). Amount entitled to priority: \$ <u>1,650.00</u> |
| *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 “52”

Modified B10 (GCG) (4/13)

EXHIBIT “53”




| UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA | | PROOF OF CLAIM | | | |
|--|--|---|---|--|---|
| Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED | | | | | |
| NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503. | | | | | |
| Name of Creditor (the person or other entity to whom the Debtor owes money or property): Wayne Hong Chan Name and address where notices should be sent: Wayne Hong Chan 3762 Lone Mesa Dr Las Vegas, NV 89147 Telephone number: 702-595-6321 Email address: chanahfat@gmail.com | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____ <div style="text-align: center;">  </div> | | | | |
| Name and address where payment should be sent (if different from above): Telephone number: Email address: | <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. <div style="text-align: right;"> FILED - 00536 District of Nevada Ameri-Dream, LLC </div> | | | | |
| 1. Amount of Claim as of Date Case Filed: \$ 2,325.00 If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges. | | | | | |
| 2. Basis for Claim: <u>Refundable Deposits of , 8116 Sundown Vista Av. Las Vegas NV 89147 (Deposits statement, Deposit Summary, Lease Agreement, Last 24 months rent deposit AmeriDream ACH receipts attached)</u> (See instruction #2) | | | | | |
| 3. Last four digits of any number by which creditor identifies debtor: <u>2</u> <u>4</u> <u>0</u> <u>6</u> | 3a. Debtor may have scheduled account as: _____ (See instruction #3a) | 3b. Uniform Claim Identifier (optional): _____ (See instruction #3b) | | | |
| 4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. <table style="width: 100%;"> <tr> <td style="width: 50%;"> Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed) </td> <td style="width: 50%;"> Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____ </td> </tr> </table> | | | Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed) | Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____ | |
| Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed) | Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____ | | | | |
| 5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <table style="width: 100%;"> <tr> <td style="width: 33%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). </td> <td style="width: 33%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4) <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). </td> <td style="width: 33%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)() </td> </tr> </table> <div style="text-align: right; margin-top: 10px;"> Amount entitled to priority: \$ 2,325.00 </div> | | | <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). | <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4) <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). | <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)() |
| <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). | <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4) <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). | <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)() | | | |
| <small>* 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.</small> | | | | | |
| 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 “54”



| UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA | | PROOF OF CLAIM | | | | | | | | | | | | |
|--|---|---|---|---|---|---|--|--|------------------------------------|--|--|--|--|-----------------------------------|
| Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED | | | | | | | | | | | | | | |
| NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503. | | | | | | | | | | | | | | |
| Name of Creditor (the person or other entity to whom the Debtor owes money or property): Thanh Tang Name and address where notices should be sent: <div style="text-align: center;"> Thanh Tang 3 Palmwood Irvine, CA 92618 </div> Telephone number: 714-293-8314 Email address: thanhvtang@hotmail.com | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____ <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 150px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Garden City Group, LLC</div> <div style="text-align: center;">MAY 11 2015</div> </div> | | | | | | | | | | | | | |
| Name and address where payment should be sent (if different from above): Telephone number: Email address: | <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. <div style="text-align: center;"> FILED - 00537 District of Nevada Ameri-Dream, LLC </div> | | | | | | | | | | | | | |
| 1. 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. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges. | | | | | | | | | | | | | | |
| 2. Basis for Claim: Refundable Deposits of 6070 Devers Ct. Las Vegas, NV 89118 (Deposits statement, Lease Agreement, Management Agreement attached) <small>(See instruction #2)</small> | | | | | | | | | | | | | | |
| 3. Last four digits of any number by which creditor identifies debtor: <div style="text-align: center; font-size: 1.2em;"> <u>5</u> <u>0</u> <u>8</u> <u>0</u> </div> | 3a. Debtor may have scheduled account as: _____ <small>(See instruction #3a)</small> | 3b. Uniform Claim Identifier (optional): _____ <small>(See instruction #3b)</small> | | | | | | | | | | | | |
| 4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;"> Nature of property or right of setoff: </td> <td style="width: 10%;"> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other </td> <td style="width: 50%;"> Amount of arrearage and other charges, as of the time case was filed, included in Secured claim, if any: <div style="text-align: right;">\$ _____</div> </td> </tr> <tr> <td colspan="2"> Describe: _____ </td> <td> Basis for perfection: _____ </td> </tr> <tr> <td colspan="2"> Value of Property: \$ _____ </td> <td> Amount of Secured Claim: \$ _____ </td> </tr> <tr> <td colspan="2"> Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable <small>(when case was filed)</small> </td> <td> Amount Unsecured: \$ _____ </td> </tr> </table> | | | Nature of property or right of setoff: | <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other | Amount of arrearage and other charges, as of the time case was filed, included in Secured claim, if any: <div style="text-align: right;">\$ _____</div> | Describe: _____ | | Basis for perfection: _____ | Value of Property: \$ _____ | | Amount of Secured Claim: \$ _____ | Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable <small>(when case was filed)</small> | | Amount Unsecured: \$ _____ |
| Nature of property or right of setoff: | <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other | Amount of arrearage and other charges, as of the time case was filed, included in Secured claim, if any: <div style="text-align: right;">\$ _____</div> | | | | | | | | | | | | |
| Describe: _____ | | Basis for perfection: _____ | | | | | | | | | | | | |
| Value of Property: \$ _____ | | Amount of Secured Claim: \$ _____ | | | | | | | | | | | | |
| Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable <small>(when case was filed)</small> | | Amount Unsecured: \$ _____ | | | | | | | | | | | | |
| 5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a): If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). </td> </tr> <tr> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). </td> <td style="vertical-align: top;"> <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). </td> <td style="vertical-align: top;"> <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(). </td> </tr> </table> <div style="text-align: right; margin-top: 10px;"> Amount entitled to priority: \$ 1,450.00 </div> | | | <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). | <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). | <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). | <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). | <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). | <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(). | | | | | | |
| <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). | <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). | <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). | <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). | <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(). | | | | | | | | | | | | |
| *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 “55”



| UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA | | PROOF OF CLAIM |
|--|--|--|
| Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED | | |
| NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503. | | |
| Name of Creditor (the person or other entity to whom the Debtor owes money or property): J L C General Corp Name and address where notices should be sent: <div style="margin-left: 40px;">J L C General Corp PO Box 93441 Las Vegas, NV 89193</div> Telephone number: 702-682-2668 Email address: David.chan@cpa.com | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____ <div style="text-align: center;">  </div> | |
| Name and address where payment should be sent (if different from above). Telephone number: Email address: | <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. <div style="text-align: center;"> FILED - 00538 District of Nevada Ameri-Dream, LLC </div> | |
| 1. Amount of Claim as of Date Case Filed: \$ <u>1,200.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges. | | |
| 2. Basis for Claim: <u>Refundable Deposits of 9975 Peace Way #2218, Las Vegas NV 89147 (Deposits statement, Deposit Summary, Lease Agreement, Property management agreement attached)</u> (See instruction #2) | | |
| 3. Last four digits of any number by which creditor identifies debtor: <div style="text-align: center; margin-left: 40px;"> <u>3</u> <u>2</u> <u>9</u> <u>7</u> </div> | 3a. Debtor may have scheduled account as: _____ (See instruction #3a) | 3b. Uniform Claim Identifier (optional): _____ (See instruction #3b) |
| 4. Secured Claim (See instruction #4) Check the appropriate box, if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed) </div> <div style="width: 50%;"> Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____ </div> </div> | | |
| 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). </div> <div style="width: 35%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). </div> <div style="width: 30%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a) _____. </div> </div> <div style="text-align: right; margin-top: 10px;"> Amount entitled to priority: \$ 1,200.00 </div> | | |
| *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 “56”

Modified B10 (GCG) (4/13)

EXHIBIT “57”



| UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA | | PROOF OF CLAIM | | | | | | |
|---|--|---|--|---|---|---|---|---|
| Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED | | | | | | | | |
| NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503. | | | | | | | | |
| Name of Creditor (the person or other entity to whom the Debtor owes money or property): Hao Ran He, Qi Ping Zhu, Qi Hong Zhu Name and address where notices should be sent: Hao Ran He, Qi Ping Zhu, Qi Hong Zhu 8 Chandler Pl Newton, MA 02464 Telephone number: 617-678-9968 Email address: JJHE@verison.net | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ Filed on: _____ <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. <div style="text-align: center;"> FILED - 00540 District of Nevada Ameri-Dream, LLC </div> | | | | | | | |
| Name and address where payment should be sent (if different from above): Telephone number: Email address: | <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="text-align: center;"> Garden City Group, LLC MAY 11 2015 </div> </div> | | | | | | | |
| 1. Amount of Claim as of Date Case Filed: <u>\$ 2,750.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges. | | | | | | | | |
| 2. Basis for Claim: <u>Refundable Deposits of 1989 Towering Pines St. Las Vegas, NV 89135</u> (See instruction #2) <u>(Deposits statement, Lease Agreement, Management Agreement attached)</u> | | | | | | | | |
| 3. Last four digits of any number by which creditor identifies debtor: <div style="text-align: center; margin-top: 5px;"> <u>0</u> <u>8</u> <u>5</u> <u>9</u> </div> | 3a. Debtor may have scheduled account as: _____ (See instruction #3a) | 3b. Uniform Claim Identifier (optional): _____ (See instruction #3b) | | | | | | |
| 4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed) | | | | | | | | |
| Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____ | | | | | | | | |
| 5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <table style="width: 100%; font-size: small;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B) </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5) </td> </tr> <tr> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7). </td> <td style="vertical-align: top;"> <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8) </td> <td style="vertical-align: top;"> <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)() </td> </tr> </table> <div style="text-align: right; margin-top: 10px;"> Amount entitled to priority: \$ 2,750.00 </div> | | | <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B) | <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). | <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5) | <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7). | <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8) | <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)() |
| <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B) | <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). | <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5) | | | | | | |
| <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7). | <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8) | <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)() | | | | | | |
| *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 (CCG) (4/13)

EXHIBIT “58”



| UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA | | PROOF OF CLAIM |
|--|---|----------------|
| Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED | | |
| NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503. | | |
| Name of Creditor (the person or other entity to whom the Debtor owes money or property): ZHIYING INC Name and address where notices should be sent: ZHIYING INC 35 Sampson Ave Braintree, MA 02184 Telephone number: 617-678-0872 Email address: Jeanettenzhu@gmail.com | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____ <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 150px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> Garden City Group, LLC MAY 11 2015 </div> <div style="text-align: right; margin-top: 20px;"> FILED - 00541 District of Nevada Ameri-Dream, LLC </div> | |
| Name and address where payment should be sent (if different from above): Telephone number: _____ Email address: _____ | | |
| 1. Amount of Claim as of Date Case Filed: \$ <u>1,550.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges. | | |
| 2. Basis for Claim: <u>Refundable Deposits of 9293 Hainsworth Ave, Las Vegas 89148</u> (See instruction #2) <u>(Deposits statement, Lease Agreement, Management Agreement attached)</u> | | |
| 3. Last four digits of any number by which creditor identifies debtor: <div style="text-align: center; margin-top: 10px;"> <u>2</u> <u>3</u> <u>1</u> <u>8</u> </div> | 3a. Debtor may have scheduled account as: (See instruction #3a) 3b. Uniform Claim Identifier (optional): (See instruction #3b) | |
| 4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed). </div> <div style="width: 35%;"> Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____ </div> </div> | | |
| 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B) <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). </div> <div style="width: 35%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____). Amount entitled to priority: \$ <u>1,550.00</u> </div> </div> <p style="font-size: small; margin-top: 10px;">*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p> | | |
| 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 “59”

Modified B10 (GCG) (4/13)

EXHIBIT “60”

Modified B10 (GCG) (4/13)