EXHIBIT "61"

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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.	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): Howard Chan, Susan Liang	☐ Check this box to indicate that this claim amends a previously filed claim.					
Name and address where notices should be sent:	Court Claim Number:					
Howard Chan, Susan Liang	(If known) City Group, Co					
1212 S MARYLAND PKWY	Filed on:					
LAS VEGAS, NV 89104-1728						
Telephone number: 702-588-0368						
Email address: alphaddslv@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.					
Telephone number:	FILED - 00544 District of Nevada					
Email address:	District of CCC Ameri-Dream, LLC					
I. Amount of Claim as of Date Case Filed: S_1,475,00						
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.					
Basis for Claim: Retundable Deposits of 9446 Kings (See instruction #2) Lease Agreement, Management Ag	eley Ct. Las Vegas, NV 89149 (Deposit statement, Deposit Summary					
	Debtor may have scheduled account as: 3b. Uniform Claim Identifier (optional):					
9 5 2 2						
	(See instruction #3a) (See instruction #3b)					
 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a ri 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:					
Nature of property or right of setoff: ☐ Real Estate ☐ !	Motor Vehicle					
Describe:	Basis for perfection:					
Value of Property: \$	Amount of Secured Claim: S					
Annual Interest Rate	/ariable Amount Unsecured: \$					
 Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any p the priority and state the amount. 	art of the claim falls into one of the following categories, check the box specifying					
☐ Domestic support obligations under IT U.S.C. § 507 (a)(1)(A) or (a)(1)(B). □ Wages, salaries, or commis \$12,475*) earned within 18 the case was filed or the De	80 days before plan – 11 U.S.C. § 507 (a)(5).					
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).						
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					
Credits. The amount of all payments on this claim has been credited for the						
	purpose of making ting proof of claim, (see instruction wo)					

EXHIBIT "62"



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 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) Wayne Hong Chan	☐ Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent:	Court Claim Number:
Wayne Hong Chan	(If known) Agn City Group
3762 Lone Mesa Dr.	Filed on:
Las Vegas, NV 89147	Fried on:
	MAI-11 2013
	/
Telephone number: 702-595-6321	
Email address: chanahfat@gmail.com	Charle this has if you are a your that according has find a good of dainy solution to
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.
	FUED
	FILED - 00545 District of Nevada
Telephone number. Ernail address.	Ameri-Dream, LLC
Amount of Claim as of Date Case Filed: \$ 1,110.00	
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.
	py Hills Ct, Las Vegas NV 89113 (Deposits statement, Deposit erty management agreement attached)
	Debtor may have scheduled 3b. Uniform Claim Identifier (optional):
	account as:
2 4 0 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 ri	Amount of arrearage and other charges, as of the time case
attach required reducted documents, and provide the requested information.	S
Nature of property or right of setoff: ☐ Real Estate ☐ N ☐ Other	Motor Vehicle Basis for perfection:
Describe:	
Value of Property: S	Amount of Secured Claim: \$
Annual Interest Rate%	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 specifying
☐ Domestic support obligations under -11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). \$12,475*) earned within 18 the case was filed or the Dr	80 days before plan - 11 U.S.C § 507 (a)(5).
	r is earlier - Other - Specify applicable paragraph
purchase, lease, or rental of property or services for personal, family, or	of 11 U.S C. § 507 (a)(). § 1,110.00
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	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)

EXHIBIT "63"



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 a expense according to 11 U.S.C. § 503.	rises after the bankruptcy filing. You may fi	le a request for payment of an administrative				
Name of Creditor (the person or other entity to whom the Debtor owes money or property) Jie Zhu	Check this box to indicate that this cl	arm amends a previously filed clarm.				
Name and address where notices should be sent	Court Claim Number:					
Jie Zhu		(If known)				
795 Metro Dr	Filed on:	Man City Stally, Lie				
Monterey Park, CA 91755	Pied on.	(3"				
	1	MAY 11 2013				
Telephone number. 626-622-3176		\ /				
Email address: jiezhu1964@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	anyone else has filed a proof of claim relating to ring particulars.				
		FILED - 00546				
Telephone number:		District of Nevada Ameri-Dream, LLC				
I. Amount of Claim as of Date Case Filed: S 1,750.00						
If all or part of the claim is secured, complete item 4.	-					
It'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 6886 Treb	le Clef Ave. Las Vegas NV 891	39 (Deposits statement, Deposit				
(See instruction #2) Summary, Lease Agreement, Man						
Last four digits of any number by which creditor identifies debtor:	a. Debtor may have scheduled account as:	3b. Uniform Claim Identifier (optional):				
8 9 7 2						
4. Secured Claim (See instruction #4)	. (See instruction #3a)	(See instruction #3b)				
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		and other charges, as of the time case secured claim, if any:				
	Motor Vehicle	5				
Describe:	Basis for perfection:	•				
Value of Property: S	Amount of Secured C	laim: S				
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 falls into one of the folio	owing 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 1	80 days before plan - 11 U.S.C. § 507 (
MS Up to \$2,775* of deposits toward business ceased, whicheve	r is earlier - Other - Specify applicab					
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).	of 11 U.S.C. § 507 (a)(_	s_1,750.00				
household use = 11 U.S.C. § 507 (a)(7). I taxes or penatures owed to governmental units = 11 U.S.C. § 507 (a)(8).						
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter	with respect to cases commenced on or afte	er the date of adjustment.				
6. Credits. The amount of all payments on this claim has been credited for the						

EXHIBIT "64"

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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 ar expense according to 11 U.S.C. § 503.	ses after the bankruptcy filing. You may file	o request for payment of an administrative				
Name of Creditor (the person or other entity to whom the Debtor owes money or property). Thanh V Tang	☐ Check this box to indicate that this clair	m amends a previously filed claim.				
Name and address where notices should be sent:	Court Claim Number:					
Thanh V Tang	,,	(Known) City Group				
3 Palmwood		(3) (C)				
Irvine, Ca 92618	Filed on:	WAY 1 1 2015				
		MAITTE				
Telephone number 714-293-8314						
Email address: thanhvtang@hotmail.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 giving	yone else has filed a proof of claim relating to g particulars.				
		FILED - 00547				
T.Jankara markar		District of Nevada				
Telephone number. Email address.		Ameri-Dream, LLC				
Amount of Claim as of Date Case Filed: S 1,400.00						
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.				
Basis for Claim: Refundable Deposits of 6087 Deve						
(See instruction #2) Summary, Lease Agreement, Las 2						
		. Uniform Claim Identifier (optional):				
5 0 8 0						
	(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 riattach required reducted documents, and provide the requested information. 		od other charges, as of the time case cured claim, if any:				
	Aotor Vchicle	s				
□ Other	Basis for perfection:					
Describe:						
Value of Property: S	Amount of Secured Clai	im: 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. 						
Understond Support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). Wages, salaries, or commission of the Com	0 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	01 11 U S.C 9 307 (a)()	s 1,400.00				
household use = 11 U S C § 507 (a)(7). Trace or penalties owed to governmental units = 11 U. 507 (a)(8)	S.C. §					
 Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter w 	uth respect to cases commenced on or after t	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 "65"

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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-LEI	
NOTE: Do not use this form to make a claim for an administrative expense that are expense occording 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) Hung Kin Cheung, Mi Kuen Ching	☐ Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: Hung Kin Cheung, Mi Kuen Ching	Court Claim Number:
11252 Daines Dr Temple City, CA 91780	Filed on. (MAY 1 1 2015)
Telephone number. 626-497-0688 Finasi address: mimikuen@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.
Yelephone number Email address:	FILED - 00548 District of Nevada Ameri-Dream, LLC
(See instruction #2) Summary, Lease Agreement, Las 2	mer Home St, Las Vegas NV 89135 (Deposits statement, Deposit 24 months Ameri-Dream rent ACH receipts attached) a. Debtor may have scheduled account as: 3b. Uniform Claim Identifier (optional):
4 2 5 3	(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 □ !	Amount of arrearage and other charges, as of the time case
Describe: Value of Property: S	Amount of Secured Claim: 5
Annual Interest Rate	Variable 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 ☐ U.S.C. § 507 (a)(1)(A) or (a)(1)(B) ☐ Wages, salaries, or commis ☐ \$12,475*) carned within 11 the case was filed or the Di	80 days before plan = 11 U.S.C. § 507 (a)(5).
Dup 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). □ Taves or penalties owed to governmental units − 11 U.S.C. § 507 (a)(8)	of 11 U.S.C § 507 (a)(_). s_1,850.00
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter w	ith respect to cases commenced on or after the date of adjustment
6. Credits. The amount of all payments on this claim has been credited for the	purpose of making this proof of claim. (See instruction #6)

EXHIBIT "66"



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 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): SHB2LLC	☐ Check this box to indicate that this claim amends a previously filed claim
Name and address where notices should be sent	Court Claim Number:
S H B 2 L L C 1212 S MARYLAND PKWY	(If known)
LAS VEGAS, NV 89104-1728	Filed on:
LAS VEGAS, NV 69104-1726	(MAX 11 5012
Telephone sumber: 702-588-0368	
Telephone number: 702-588-0368 Email address: ALPHADDSLV@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 - 00549
Telephone number.	District of Nevada
Email address:	Ameri-Dream, LLC
Amount of Claim as of Date Case Filed: S 1,900.00	
If all or part of the claim is secured, complete item 4.	
If all or part of the claim is entitled to priority, complete nem 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 9700 Power	ell Plateau CT. Las Vegas, NV 89148 (Deposits statement, Lease
(See instruction (2) Agreement, Management Agreeme	
	Debtur may have scheduled 3b. Uniform Claim Identifier (optional): account as:
4 4 6 9	
4. Secured Claim (See instruction #4)	(See instruction #3a) (See instruction #3b)
 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a riattach 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:
Nature of property or right of setoff: ☐ Real Estate ☐ 1	Motor Vehicle
Describe:	Basis for perfection:
Value of Property: S	Amount of Secured Claim: S
Annual Interest Rate % ☐ Freed or ☐ (when case was filed)	Variable Amount Unsecured: \$
	art of the claim falls into one of the following categories, check the box specifying
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). ☐ Wages, salaries, or commit \$12,475*) earned within 11 the case was filed or the Do	80 days before plan = 11 U.S.C. § 507 (a)(5). 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).	r is earlier — Cherr — Specify applicable paragraph of LLUSC 8 507 (nV)
services for personal, family, or household use – II U S C § 507 (a)(7)	§ 1,900.00
governmental units = 11 U 507 (a)(8).	S.C. §
 Amounts are subject to adjustment on 4-1-16 and every 3 years thereafter w 	eith 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 clasm. (See instruction life)

EXHIBIT "67"

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1 48 34 1	ш	ш	181 8		ш	481			ш

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT	OF NEVADA PROOF OF CLAIM						
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LEI							
NOTE. Do not use this form to make a claim for an administrative expense that 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 or property) Susan Liang	☐ Check this box to indicate that this claim amends a previously filed claim.						
Name and address where notices should be sent:	Court Claim Number:						
Susan Liang	(If known) City Group						
1212 S MARYLAND PKWY LAS VEGAS, NV 89104-1728	Filed on:						
LAS VEGAS, NV 65104-1726							
	MAY 11 2015						
702 500 0200							
Telephone number: 702-588-0368 Email address alphaddslv@hotmail.com							
Email address alphaddslv@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						
Traine and dedices where payment amount he sent in different from above)	this claim. Attach copy of statement giving particulars.						
	FILE TO						
	FILED - 00550 District of Nevada						
Telephone number:	Ameri-Dream, LLC						
Ernail address.							
Amount of Claim as of Date Case Filed: S 1,650.00							
If all or part of the claim is secured, complete item 4.							
If all or part of the claim is entitled to priority, complete item 5.							
☐ Check this box if the claim includes interest or other charges in addition to	the principal amount of the claim. Attach a statement that itemizes interest or charges.						
Basis for Claim: Refundable Deposits of 6704 Jacks	son Junction St. Las Vegas NV 89149 (Deposit statement, Deposit						
(See instruction #2) Summary, Lease Agreement, Mana							
Last four digits of any number by which creditor identifies debtor:	a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional):						
9 5 2 2							
	(See instruction #3a) (See instruction #3b)						
 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a rattach required reducted documents, and provide the requested information. 	Amount of arrearage and other charges, as of the time case ight of sctoff, was filed, included in secured claim, if any:						
	Motor Vehicle						
Other	Basis for perfection:						
Describe:							
Value of Property: S	Amount of Secured Claim: S						
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 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)(1)(A) or (a)(1)(B) Wages, salaries, or community \$12,475*) earned within 1:	80 days before plan – 11 U S C § 507 (a)(5)						
■ Up to \$2,775* of deposits toward the case was filed or the Dusiness ceased, whichever							
purchase, lease, or rental of property or services for personal, family, or	of 11 U.S.C. § 507 (a)(). s 1,650.00						
household use – 11 U.S.C. § 507 (a)(7). Taxes or penalities owed to governmental units – 11 U.							
507 (a)(8)	3						
 Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter was a subject to adjustment on 4/1/16. 	ith respect to cases commenced on or after the date of adjustment.						
6. Credits. The amount of all payments on this claim has been credited for the	purpose of making this proof of claim. (See instruction #6)						

EXHIBIT "68"



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 administrate expense according to 11 U.S.C. § 503.	ive					
Name of Creditor (the person or other entity to whom the Debtor owes money or property). Wai Chung Ching						
Name and address where notices should be sent: City Grave						
Wai Chung Ching (If known)	i					
11252 Daines Dr Temple City CA 04790	//					
Temple City, CA 91780 MAY 1 1 2015	"					
Telephone number: 704-480-7234	/					
Telephone number: 704-480-7234 Email address, jasonching2005@gmail.com						
Name and address where payment should be sent (if different from above): Oneck this box if you are aware that anyone else has filed a proof of claim relationship claim. Attach copy of statement giving particulars.	ing to					
· FILED - 00561						
District of Nevada						
Telephone number: Ameri-Dream, LLC						
Amount of Claim as of Date Case Filed: \$ 4,100.00 (Security deposit \$2,350.00 + Missing January rent \$1,750.00)	_					
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 charge	CS.					
Refundable Deposits of 6534 Chimes Tower Av, Las Vegas NV 89148 (Deposits statement, Deposits statement, Deposits statement, Last 24 months rent AmeriDream ACH receipts attached) Refundable Deposits of 6534 Chimes Tower Av, Las Vegas NV 89148 (Deposits statement, Deposits statement, Deposits statement, Deposits of 6534 Chimes Tower Av, Las Vegas NV 89148 (Deposits statement, Deposits statement, Deposits of 6534 Chimes Tower Av, Las Vegas NV 89148 (Deposits statement, Deposits statement, Deposits of 6534 Chimes Tower Av, Las Vegas NV 89148 (Deposits statement, Deposits of 6534 Chimes Tower Av, Las Vegas NV 89148 (Deposits statement, Deposits statement, Deposits of 6534 Chimes Tower Av, Las Vegas NV 89148 (Deposits statement, Deposits of 6534 Chimes Tower Av, Las Vegas NV 89148 (Deposits statement, Deposits statement, Deposits of 6534 Chimes Tower Av, Las Vegas NV 89148 (Deposits statement, Deposits of 6534 Chimes Tower Av, Las Vegas NV 89148 (Deposits statement, Deposits of 6534 Chimes Tower Av, Las Vegas NV 89148 (Deposits statement, Deposits of 6534 Chimes Tower Av, Las Vegas NV 89148 (Deposits statement, Deposits of 6534 Chimes Tower Av, Las Vegas NV 89148 (Deposits statement, Deposits of 6534 Chimes Tower Av, Las Vegas NV 89148 (Deposits statement, Deposits of 6534 Chimes Tower Av, Las Vegas NV 89148 (Deposits statement, Deposits of 6534 Chimes Tower Av, Las Vegas NV 89148 (Deposits statement, Deposits of 6534 Chimes Tower Av, Las Vegas NV 89148 (Deposits statement, Deposits of 6534 Chimes Tower Av, Las Vegas NV 89148 (Deposits statement, Deposits of 6534 Chimes Tower Av, Las Vegas NV 89148 (Deposits statement, Deposits of 6534 Chimes Tower Av, Las Vegas NV 89148 (Deposits statement, Deposits statement, Deposits of 6534 Chimes Tower Av, Las Vegas NV 89148 (Deposits statement, Deposits statement, Deposits of 6534 Chimes Tower Av, Las Vegas NV 89148 (Deposits statement, Deposits of 6534 Chimes Tower Av, Las Vegas NV 89148 (Deposits statement, Deposits of 6534 Chimes Tower Av, Las Vegas NV 89148 (Deposits						
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: 3b. Uniform Claim Identifier (optional account as:):					
2 3 9 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 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						
(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 specifyin						
the priority and state the amount.						
Use S the case was filed or the Debtor's □ Domestic support obligations under □ Wages, salaries, or commissions (up to □ Contributions to an employee benefit sl2,475*) earned within 180 days before plan – 11 U.S.C. § 507 (a)(5).						
	ority:					
purchase, lease, or rental of property or services for personal, family, or ST Tavas a combine model to ST Tavas a						
household use – 11 U.S.C § 507 (a)(7). Taxes or penalties owed to governmental units – 11 U.S.C. § 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)						

EXHIBIT "69"

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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) Ho Mu Lin	☐ Check this box to indicate that this claim amends a previously filed claim.				
Name and address where notices should be sent: Ho Mu Lin	Court Claim Number:				
7275 Tara Av	(If known)				
Las Vegas, NV 89117	Filed on: MAY 1 1 2015				
Telephone number. 702-480-7234					
Ernail addressmikecheung702@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 - 00562				
	District of Nevada				
Telephone number; Email address	Ameri-Dream, LLC				
Amount of Claim as of Date Case Filed: S 1,550.00					
If all or part of the claim is secured, complete item 4					
If all or part of the claim is entitled to priority, complete item 5.					
☐ Check this box if the claim includes interest or other charges in addition to	the principal amount of the clarm. Attach a statement that itemizes interest or charges				
Refundable Deposits of 10094 Han	vest Hill Ln, LV NV 89135 (Deposits statement, Deposit Summary,				
2. Basis for Claim: Refundable Deposits of 10904 Harvest Hill Lh, LV NV 69135 (Deposits statement, Deposit Summary, (See instruction #2) Lease Agreement, Last 24 months AmeriDream rent ACH receipts attached)					
	Debtor may have scheduled 3b. Uniform Claim Identifier (optional): account as:				
0 0 4 1					
	(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 ri 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:				
	flotor Vehicle				
☐ Other	Basis for perfection:				
Describe:					
Value of Property: S	Amount of Secured Claim: S				
Annual Interest Rate% □ Fixed or □ \ (when case was filed)	/ariable Amount Unsecured: \$				
 Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any p the priority and state the amount. 	art of the claim falls into one of the following categories, check the box specifying				
□ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). S12,475*) earned within 180 days before U 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 Do ■ 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)(_). services for personal, family, or \$1,550.00					
household use = 11 U.S.C § 507 (a)(7).	*				
507 (aX8).					
*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	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 "70"

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UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA PROOF OF CLAIM						
Name of Debtor: Ameri-Dream Realty, LUC. 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 or property): Jenny Zheng Wong, Pak Hoi Wong	Check this box to indicate that this claim amonds a previously filed claim.					
Name and address where notices should be sent:	Court Claim Number:					
Jenny Zheng Wong, Pak Hoi Wong	(If known) Carlein Carlein					
838 30TH Ave.	Filed on:					
San Francisco, CA 94121						
	: \					
Telephone number. 415-751-1256						
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.					
	ting claim. Passaul copy or statement group particulars.					
	FILED - 00563					
Telephone number:	District of Nevada					
timail address:	Ameri-Dream, LLC					
Amount of Claim as of Date Case-Filed: \$ 2,550.00						
If all or part of the claim is secured, complete item 4.						
If all or part of the claim is entitled to priority, complete item 5.						
☐ 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						
a. man to canal	interey Park Cir. Las Vegas, NV 89146 (Deposits statement,					
(See instruction #2) Lease Agreement, Management Last four digits of any number by which creditor identifies debtor:						
5. Last four digits of any number by which creditor identifies deotor:	3a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional):					
9 3 2 2						
	(See instruction #3a) (See instruction #3b)					
 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, 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:					
Describe:						
Value of Property: S	Amount of Secured Claim: \$					
	D Variable					
(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 aniount. 						
☐ Domestic support obligations under . ☐ Wages, salaries, or commissions (up to ☐ Contributions to an employee benefit 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B) S12,475*) earned within 180 days before plan - 11 U.S.C. § 507 (a)(5)						
Up to \$2,775* of deposits toward business ceased, whiche	ever is earlier - Other - Specify applicable paragraph					
purchase, lease, or rental of property or 11 U.S.C. § 507 (a)(4). services for personal, family, or 5 2,550.00						
household use - 11 U S.C. § 507 (a)(7). Taxes or penalties owed governmental units - 11						
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)						