EXHIBIT "91"

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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 an expense according to 11 U.S.C. § 503.	ises ofter the bankruptcy filing. You may file a request for payment of an administrative			
Name of Creditor (the person or other entity to whom the Debtor owes money or property). Christina Kim, Richard Kim	☐ Check this box to indicate that this claim amends a previously filed claim.			
Name and address where notices should be sent:	Court Claim Number:			
Christina Kim, Richard Kim 951 RANCH ESTATES PL N W	(If known) Cardell Vill Group			
CALGARY AB T3G 1M5	Filed on.			
CANADA				
Telephone number. 587-707-3334				
Email address: kimeunae@hotmail.com	C Charles this how if you are a way that a way a size has filled 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.			
FILED - 00621				
District of Nevada Telephone number. Ameri-Dream, LLC				
Email address				
Amount of Claim as of Date Case Filed: S 2,095.00				
If all or part of the claim is secured, complete item 4.				
If all or part of the claim is entitled to priority, complete item 5.				
Check this box if the claim includes interest or other charges in addition to	o the principal amount of the claim. Attach a statement that itemizes interest or charges			
Basis for Claim: Refundable Deposits of 9969 Diving (See instruction #2) Lease Agreement, Management Ag	g Duck Ave., LV NV 89147 (Deposits statement, Deposit Summary, greement attached)			
3. Last four digits of any number by which creditor identifies debtor: 3a	a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional):			
1 3 4 1				
4. Secured Claim (See instruction #4)	(See instruction #3a) (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 ri attach required reducted documents, and provide the requested information.				
· · · · · · · · · · · · · · · · · · ·	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: \$			
 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 commis \$12,475*) earned within 18	80 days before 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), services for personal, family, or	of 11 U.S.C. § 507 (a)().			
household use – II U.S.C. § 507 (a)(7). U Taxes or penalties owed to governmental units – II U.S.C. §				
507 (a)(8)				
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter w 6. Credits. The amount of all payments on this claim has been credited for the				
	purpose of making this proof of claim. (See instruction 86)			

Modified B10 (GCG) (4/13)

EXHIBIT "92"



	TRICT OF NEVAD	١	PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10	110-LED		
NOTE: Do not use this form to make a claim for an administrative expense expense according to 11 U.S.C. § 503.	se that arises after the b	ankruptcy filing. You me	y file a request for payment of an administrative
Name of Creditor (the person or other entity to whom the Debter owes m	oney or Check the	s box to indicate that the	s claim amends a previously filed claim.
property): Juanito Chua, Juliet T Chua	Markey III Secretarion		
Name and address where notices should be sent.	Court Clain	Number:	on City Go
Juanito Chua, Juliet T Chua			_ (If known) Salden Tolly
17241 SANTA CLARA ST	Filed on		(www. 6)
YORBA LINDA, CA 92886-6243	r nou on.		(TAT / 1 2015)
			- \ ' : /
744 767 4002	1		
Telephone number: 714-767-1902 Email address, jaycab21@aol.com			
Name and address where payment should be sent (if different from above			nat anyone else has filed a proof of claim relating to
2	this claim. At	tach copy of statement	giving particulars.
F1LED - 00622	1		*
District of Nevada	8		
Telephone number Ameri-Dream, LLC Email address			
Amount of Claim as of Date Case Filed: \$ 2,300.00	- 41 10		
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.			
	addition to the remerical r	mount of the claim. At	tack a statement that itemixes interest or charges
Refundable Descrits of 135		Market St. St. St. Section 1999	(Deposits statement Deposit
Basis for Claim: Refundable Deposits of 135.	2 Robard St, Las	Vegas NV 89135	(Deposits statement, Deposit
Refundable Deposits of 135	2 Robard St, Las t, Management Apor: 3a. Debtor ma	Vegas NV 89135 greement attache y have scheduled	(Deposits statement, Deposit
Refundable Deposits of 135. (See instruction #2) Summary, Lease Agreemen Last four digits of any number by which creditor identifies debte	2 Robard St, Las t, Management A	Vegas NV 89135 greement attache y have scheduled	(Deposits statement, Deposit d)
2. Basis for Claim: Refundable Deposits of 135. (See instruction #2) Summary, Lease Agreemen	2 Robard St, Las t, Management Ag or: Ja. Debtor ma account as	Vegas NV 89135 greement attache y have scheduled	(Deposits statement, Deposit d) 3b, Uniform Claim Identifier (optional):
Refundable Deposits of 1353 (See instruction #2) Summary, Lease Agreemen Last four digits of any number by which creditor identifies debta	2 Robard St, Las t, Management Ag or: Ja. Debtor ma account as	Vegas NV 89135 greement attache y have scheduled struction #3a)	(Deposits statement, Deposit d) 3b, Uniform Claim Identifier (optional): (See instruction #3b)
2. Basis for Claim: Refundable Deposits of 135: (See instruction #2) Summary, Lease Agreemen 3. Last four digits of any number by which creditor identifies debte	2 Robard St, Las t, Management A or: Ja. Debtor ma account as (See in	Vegas NV 89135 greement attache y have scheduled struction #3a) Amount of arrears	(Deposits statement, Deposit d) 3b, Uniform Claim Identifier (optional):
2. Basis for Claim: Refundable Deposits of 135. (See instruction #2) Summary, Lease Agreemen 3. Last four digits of any number by which creditor identifies debte	2 Robard St, Las t, Management A or: Ja. Debtor ma account as (See in erty or a right of setoff, contion.	Vegas NV 89135 greement attache y have scheduled struction #3a) Amount of arrears	(Deposits statement, Deposit d) 3b, Uniform Claim Identifier (optional): (See instruction #3b) uge and other charges, as of the time case
2. Basis for Claim: Refundable Deposits of 135: (See instruction #2) Summary, Lease Agreemen 3. Last four digits of any number by which creditor identifies debte	2 Robard St, Las t, Management A or: Ja. Debtor ma account as (See in	Vegas NV 89135 greement attache y have scheduled struction #3a) Amount of arrears	(Deposits statement, Deposit d) 3b. Uniform Claim Identifier (optional): (See instruction #3b) age and other charges, as of the time case in secured claim, if any: S
2. Basis for Claim: Refundable Deposits of 135. (See instruction #2) Summary, Lease Agreemen 3. Last four digits of any number by which creditor identifies debte	2 Robard St, Las t, Management A or: Ja. Debtor ma account as (See in erty or a right of setoff, contion.	Vegas NV 89135 greement attache y have scheduled struction #3a) Amount of arrears was filed, included	(Deposits statement, Deposit d) 3b. Uniform Claim Identifier (optional): (See instruction #3b) age and other charges, as of the time case in secured claim, if any: S
2. Basis for Claim: Refundable Deposits of 135. (See instruction #2) Summary, Lease Agreemen 3. Last four digits of any number by which creditor identifies debte	2 Robard St, Las t, Management A or: Ja. Debtor ma account as (See in erty or a right of setoff, contion.	Vegas NV 89135 greement attache y have scheduled struction #3a) Amount of arrears was filed, included	(Deposits statement, Deposit d) 3b, Uniform Claim Identifier (optional): (See instruction #3b) ige and other charges, as of the time case in secured claim, if any: S
2. Basis for Claim: Refundable Deposits of 135. (See instruction #2) Summary, Lease Agreemen 3. Last four digits of any number by which creditor identifies debte	2 Robard St, Las t, Management Ager: Ja. Debtor ma account as (See in erty or a right of setoff, emattion.	Vegas NV 89135 preement attache y have scheduled struction #3a) Amount of arrear was filed, included Basis for perfection	(Deposits statement, Deposit d) 3b, Uniform Claim Identifier (optional): (See instruction #3b) ige and other charges, as of the time case in secured claim, if any: S
2. Basis for Claim: Refundable Deposits of 1352 (See instruction #2) Summary, Lease Agreemen 3. Last four digits of any number by which creditor identifies debte	2 Robard St, Las t, Management A or: Ja. Debtor ma account as (See in erty or a right of setoff, contion.	Vegas NV 89135 preement attache y have scheduled struction #3a) Amount of arreary was filed, included Basis for perfection Amount of Secure	(Deposits statement, Deposit d) 3b, Uniform Claim Identifier (optional): (See instruction #3b) uge and other charges, as of the time case in secured claim, if any: 5 n:
2. Basis for Claim: Refundable Deposits of 135. (See instruction #2) Summary, Lease Agreemen 3. Last four digits of any number by which creditor identifies debta	2 Robard St, Las t, Management Ag or: Ja. Debtor ma account as (See in erty or a right of setoff, emattion. Motor Vehicle	Vegas NV 89135 preement attache y have scheduled struction #3a) Amount of arreary was filed, included Basis for perfection Amount of Secure	(Deposits statement, Deposit d) 3b, Uniform Claim Identifier (optional): (See instruction #3b) uge and other charges, as of the time case in secured claim, if any: 5 n: d Claim: 5 4: 5
2. Basis for Claim: Refundable Deposits of 135. (See instruction #2) Summary, Lease Agreemen 3. Last four digits of any number by which creditor identifies debta	2 Robard St, Las t, Management Ager: Ja. Debtor ma account as (See in erty or a right of setoff, emattion. U Motor Vehicle Variable	Vegas NV 89135 preement attache y have scheduled struction #3a) Amount of arreary was filed, included Basis for perfection Amount of Secure Amount Unsecure n falls into one of the falls	(Deposits statement, Deposit d) 3b, Uniform Claim Identifier (optional): (See instruction #3b) unge and other charges, as of the time case in secured claim, if any: 5 d: 5 collowing categories, check the box specifying
2. Basis for Claim: Refundable Deposits of 1352 (See instruction #2) Summary, Lease Agreemen 3. Last four digits of any number by which creditor identifies debte	2 Robard St, Las t, Management Agor: Ja. Debtor ma account as (See in erry or a right of setoff, emation. Motor Vehicle Variable If any part of the claim or commissions (up to within 180 days before	Vegas NV 89135 preement attache y have scheduled struction #3a) Amount of arreary was filed, included Basis for perfection Amount of Secure	(Deposits statement, Deposit d) 3b, Uniform Claim Identifier (optional): (See instruction #3b) age and other charges, as of the time case in secured claim, if any: \$
2. Basis for Claim: Refundable Deposits of 135. (See instruction #2) Summary, Lease Agreemen 3. Last four digits of any number by which creditor identifies debta	2 Robard St, Las t, Management Ager: Ja. Debtor ma account as (See in erty or a right of setoff, emattion. Motor Vehicle Variable If any part of the claim or commissions (up to within 180 days before for the Debtor's	Vegas NV 89135 greement attache y have scheduled struction #3a) Amount of arreary was filed, included Basis for perfection Amount of Secure amount Unsecure n falls into one of the f	(Deposits statement, Deposit d) 3b, Uniform Claim Identifier (optional): (See instruction #3b) uge and other charges, as of the time case In secured claim, if any: \$ d Claim: \$ continued to the continued
2. Basis for Claim: Refundable Deposits of 135. (See instruction #2) Summary, Lease Agreemen 3. Last four digits of any number by which creditor identifies debte	2 Robard St, Las t, Management Ager: Ja. Debtor ma account as (See in erty or a right of setoff, emattion. U Motor Vehicle Variable If any part of the claim or commissions (up to within 180 days before for the Debtor's whichever is earlier—	Vegas NV 89135 preement attache y have scheduled struction #3a) Amount of arrears was filed, included Basis for perfection Amount of Secure falls into one of the file plan - 11 U.S.C. § 5	(Deposits statement, Deposit d) 3b, Uniform Claim Identifier (optional): (See instruction #3b) unge and other charges, as of the time case in secured claim, if any: 5 d: 5 collowing categories, check the box specifying temployee benefit 07 (a)(5). Amount entitled to priority:
2. Basis for Claim: Refundable Deposits of 135. (See instruction #2) Summary, Lease Agreemen 3. Last four digits of any number by which creditor identifies debte 0 1 0 6 4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on proper attach required reducted documents, and provide the requested information Nature of property or right of setoff: Real Estate Other Describe: Value of Property: S Annual Interest Rate	2 Robard St, Las t, Management Agor: Ja. Debtor ma account as (See in erry or a right of setoff, emattion. D Motor Vehicle Variable If any part of the claim or commissions (up to within 180 days before 1 or the Debtor's whichever is earlier—a)(4) is owed to	Vegas NV 89135 preement attache y have scheduled struction #3a) Amount of arreary was filed, included Basis for perfection Amount of Secure falls into one of the file Contributions to an oplan - 11 U.S.C. § 5	(Deposits statement, Deposit d) 3b, Uniform Claim Identifier (optional): (See instruction #3b) Ige and other charges, as of the time case In secured claim, if any: S It d: Claim: S In the control of the control
2. Basis for Claim: Refundable Deposits of 1352 (See instruction #2) Summary, Lease Agreemen 3. Last four digits of any number by which creditor identifies debte	2 Robard St, Las t, Management Agor: Ja. Debtor ma account as (See in erry or a right of setoff, emattion. D Motor Vehicle Variable If any part of the claim or commissions (up to within 180 days before 1 or the Debtor's whichever is earlier—a)(4) is owed to	Vegas NV 89135 preement attache y have scheduled struction #3a) Amount of arreary was filed, included Basis for perfection Amount of Secure falls into one of the file Contributions to an oplan - 11 U.S.C. § 5	(Deposits statement, Deposit d) 3b, Uniform Claim Identifier (optional): (See instruction #3b) Ige and other charges, as of the time case In secured claim, if any: S It d: Claim: S In the control of the control

EXHIBIT "93"

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT O	DF NEVADA PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED	
NOTE: Do not use this form to make a claim for an administrative expense that aris expense according to 11 U.S.C. § 503.	ses after the bankruptcy filing. You may file a request for payment of an administrative
Name of Creditor (the person or other entity to whom the Debtor owes money or property). Lan Sui Zeng	☐ Check this box to indicate that this claim amends a previously filed claim
Name and address where notices should be sent:	Court Claim Number:
Lan Sui Zeng	(If known) (state)
PO Box 93441 Las Vegas, NV 89193	Filed on: MAY 1 1 2015
Telephone number. 702-682-2668	
Email address David.chan@cpa.com	
Name and address where payment should be sent (if different from above):	□ Check this box if you are aware that anyone else has filled a proof of claim relating to this claim. Attach copy of statement giving particulars.
F1LED - 00623	
District of Nevada	
Telephone number: Ameri-Dream, LLC Email address:	
Amount of Claim as of Date Case Filed: S 1,850.00	
If all or part of the claim is secured, complete item 4.	
If all or part of the claim is entitled to priority, complete item 5.	
☐ 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.
	Roof Av, Henderson, NV 89052 (Deposits statement, Deposit erty management agreement attached)
	Debtor may have scheduled 3b. Uniform Claim Identifier (optional):
	account as:
9 4 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 rig 	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 Other	fotor Vehicle Basis for perfection:
Describe:	Basis for perfection:
Value of Property: S	Amount of Secured Claim: S
Annual Interest Rate	anuble Amount Unsecured: \$
	ort 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) Up to \$2,775* of deposits toward purchase, lease, or rental of property or Wages, salaries, or commiss \$12,475*) carned within 18t the case was filled or the Del business ceased, whichever 11 U.S.C. § 507 (a)(4).	0 days before plan = 11 U.S.C. § 507 (a)(5). btor's is earlier = Other = Specify applicable paragraph of 11 U.S.C. § 507 (a)().
services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). Taxes or penalties owed to governmental units – 11 U.S. 507 (a)(8).	s 1,850.00
 Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with 	th respect to coses commenced on or after the date of adjustment.
6 Condition The amount of all assessments on the object has been as dead for the	company of making the association (fine instancing 86)

EXHIBIT "94"

Harris Greek Control	
UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT	OF NEVADA PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED	
NOTE: Do not use this form to make a claim for an administrative expense that are expense according to 11 U.S.C. § 503.	ises after the bankruptcy filing. You may file a request for payment of an administrative
Name of Creditor (the person or other entity to whom the Debtor owes money or property) Alfred Hong Chan	Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: Alfred Hong Chan 3762 Lone Mesa Dr Las Vegas, NV 89147 Telephone number. 702-595-6321 Chanahfat@gmail.com Name and address where payment should be sent (if different from above):	Filed on: (If kmoven) WAY 1 1 2015 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 - 00624 District of Nevada Telephone number: Ameri-Dream, LLC Email address:	
Basis for Claim: Refundable Deposits of 9582 Sage S (See instruction #2) Summary, Lease Agreement, Propert	parrow Av, Las Vegas NV 89148 (Deposits statement, Deposit ty management agreement attached) B. Debter may have scheduled account as: Deposit
3 6 0 5	(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 ristach required reducted documents, and provide the requested information. Nature of property or right of setoff:	Amount of arrearage and other charges, as of the time case sight of sotoff, Motor Vehicle Basis for perfection:
Value of Property: S	Amount of Secured Claim: \$ Variable Amount Unsecured: \$
	arrt 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). ■ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use − 11 U.S.C. § 507 (a)(7) ■ Taxes or penalties owed to governmental units − 11 U. 507 (a)(8).	80 days before plan = 11 U.S.C. § 507 (a)(5). ebtor's r is earlier = Other = Specify applicable paragraph of 11 U.S.C. § 507 (a)(). S.C. §
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter w	
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 "95"

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UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT O	OF NEVADA PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED	
NOTE: Do not use this form to make a claim for an administrative expense that ari 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): - Juanito Chua, Juliet T Chua	Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent.	Court Claim Number:
Juanito Chua, Juliet T Chua	(If known) Establish and aroun)
17241 SANTA CLARA CT	(A)
YORBA LINDA, CA 92886-6243	Filed on: MAY 1 1 2015
	. \ ' / .
Tulephone number: , 714-767-1902	
Email address jaycab21@aol.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 - 00625	
District of Nevada	· ·
Telephone number Ameri-Dream, LLC	
Email address:	
Amount of Claim as of Date Case Filed: S_1,675.00	
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 9871 Mount	t Madera St. Las Vegas NV 89178 (Deposits statement, Deposit
(See instruction #2) Summary, Lease Agreement, Mana	gement Agreement attached)
3. Last four digits of any number by which creditor identifies debtor: 3a	Debtor may have scheduled 3b. Uniform Claim Identifier (optional):
0 1 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 ght of setoff, was filed, included in secured claim, if any:
attach required redacted documents, and provide the requested information.	s
Nature of property or right of setoff: Real Estate Nother	Motor Vehicle Basis for perfection:
Déscribe:	DASS for perfection.
Value of Property: S	Amount of Secured Claim: S
Annual Interest Rate % □ Fixed or □ \	/ariable
(when case was filed)	Amount Unsecured: \$
 Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any pethe 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	0 days before plan - 11 U.S.C § 507 (a)(5).
	is earlier - Other - Specify applicable paragraph
purchase, lease, or rental of property or services for personal, family, or	of 11 U.S.C. § 507 (a)(). s 1,675.00
household use - 11 U.S.C. § 507 (a)(7) Taxes or penalties owed to	
governmental units – 11 U.: 507 (a)(8)	3.5. g
*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.
6Credits. 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 "96"

	1000 MARIA DA A MARIA DE OPENIS A S
UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT	OF NEVADA PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LEI	
expense according to 11 U.S.C. § 503.	rises 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). Thomas Z Zhu	Check this box to indicate that this claim amends a previously filed claim. Court Claim Number:
Name and address where notices should be sent:	City C
Thomas Z Zhu	(If known) Substitution
8 SOUTH 21ST ST	Filed on:
SAN JOSE, CA 95116	MAY 1 1 2015
Telephone number. 510-866-7509	
Email address: tet616@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 - 00626	
District of Nevada	
Telephone number - Ameri-Dream, LLC	
Email address: 1. Amount of Claim as of Dute Case Filed: \$ 1,825.00	
If all or part of the claim is secured, complete item 4.	
If all or part of the claim is entitled to priority, complete item 5.	a the associate armost of the deline describes a second that become because
	o the principal amount of the claim. Attach a statement that itemizes interest or charges.
z. biss or circu.	nond Estates Ct. Las Vegas NV 89139 (Deposits statement, Deposit
	a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional):
	account as:
<u>1</u> <u>5</u> <u>3</u> <u>3</u> .	(See instruction #3a) (See instruction #3b)
 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a r 	Amount of arrearage and other charges, as of the time case ight of setoff, was filed, included in secured claim, if any:
attach required reducted documents, and provide the requested information.	
Nature of property or right of setoff:	Motor Vehicle Basis for perfection:
Describe:	
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 p the priority and state the amount. 	part of the claim falls into one of the following categories, check the box specifying
☐ Domestic support obligations under If U S C § 507 (a)(1)(A) or (a)(1)(B). ☐ Wages, salaries, or commit \$12,475*) carried within II the case was filed or the D	80 days before plan 11 U.S.C. § 507 (a)(5).
25 Up to \$2,775* of deposits toward business ceased, whicheve purchase, lease, or rental of property or 11 U.S.C. § 507 (a)(4)	of 11 U.S.C. § 507 (a)).
services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). □ Taxes or penalties owed to governmental units – 11 U 507 (a)(8).	\$ 1,625.00
• imports on subject to adversary on 4/1/16 and many 2 years thereofter	with respect to come commenced on or offer the data 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 "97"

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UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT O	DF NEVADA PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED	
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). Ling Peng Huang	☐ Check this box to indicate that this claim amends a previously filed claim. Court Claim Number:
Name and address where notices should be sent:	Ann City Goz
Ling Peng Huang 3850 Palm Island Ct	(If known) (Spice of the control of
Las Vegas, NV 89147	Filed on: (MAY 1 1 2015)
702-875-3186	
Telephone number. Email address. mikecheung702@hotmail.com	
Name and address where payment should be sent (if different from above):	Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
FILED - 00627	
District of Nevada	
Telephone number: Ameri-Dream, LLC Email address:	·
Amount of Claim as of Date Case Filed: S 1,730.00	
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.
Busis for Claim: Refundable Deposits of 3705 Tranq	uility Ridge Ct, Las Vegas NV 89147 (Deposits statement, Deposit
At Didds for Custom	erty management agreement attached)
	Debtor may have scheduled 3b. Uniform Claim Identifier (optional):
4 5 3 3	(See instruction #3a) (See instruction #3b)
 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a rig attach required rédacted 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:
	lotor Vehicle Basis for perfection:
Describe:	
Value of Property: S	Amount of Secured Claim: \$
Annual Interest Rate%	ariable Amount Unsecured: \$
 Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any pa the priority and state the amount. 	ort of the claim falls into one of the following categories, check the box specifying
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). Wages, salaries, or commiss \$12,475*) earned within 18 the case was filed or the Del	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).	Amount entitled to priority:
services for personal, family, or household use – I1 U.S.C § 507 (a)(7) Taxes or penalties owed to governmental units – I1 U.S. 507 (a)(8).	•
* Amounts are subject to adjustment on 4/1/16 and overs 2 years thereafter w	
Credits. The amount of all payments on this claim has been credited for the p	th respect to cases commenced on or after the date of adjustment.

EXHIBIT "98"



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT O	DF NEVADA PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED	
NOTE: Do not use this form to make a claim for an administrative expense that are expense according to 11 U.S.C. § 503.	ues after the bankruptcy filing. You may file a request for payment of an administrative
Name of Creditor (the person or other entity to whom the Debter owes money or property). Lan Sui Zeng	☐ Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent:	Court Cluim Number:
Lan Sui Zeng	(If known) (stren to the control of
PO Box 93441	Filed on:
Las Vegas, NV 89193	MAY 1 1 2015
700 000 0000	
Telephone number: 702-682-2668	
Email address: David.chan@cpa.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
realite and dedress where payment should be selle (if different from active).	this claim. Attach copy of statement giving particulars.
EU ED AAZA	
FILED - 00628 District of Nevada	
Telephone number Ameri-Dream, LLC	
Email address: 1. Amount of Claim as of Date Case Filed: \$ 1,850.00	
If all or part of the claim is secured, complete item 4.	
If all or part of the claim is entitled to priority, complete item 5	A consistence of the trial transfer or consistence of the consistence
	the principal amount of the claim. Attach a statement that itemizes interest or charges.
2. Basis for Clarin.	tic Canyon St, Henderson NV 89052 (Deposits statement, Deposit orty management agreement attached)
	Debtor may have scheduled 3b. Uniform Claim Identifier (optional):
	account as:
9 4 8 0	
A Second Claim (See Instruction 64)	(See instruction #3b) (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. 	Amount of arrearage and other charges, as of the time case ght of sctoff, was filed, included in secured claim, if any:
attach required redacted documents, and provide the requested information.	. s
Nature of property or right of setoff: Real Estate N	fotor Vehicle Basis for perfection:
Describe:	
Value of Property: \$	Amount of Secured Claim: S
Annual Interest Rate % □ Fixed or □ V	anable
(when case was filed)	Amount Unsecured: \$
the priority and state the amount.	ert of the claim fulls into one of the following categories, check the box specifying
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B) ### Wages, salaries, or commis \$12,475*) carned within 18 the case was filed or the De	0 days before plan = 11 U.S.C. § 507 (a)(5).
☑ Up to \$2,775* of deposits toward business ceased, whichever	is earlier - Other Specify applicable paragraph Amount entitled to priority:
purchase, lease, or rental of property or 11 U S C § 507 (a)(4) services for personal, family, or	of 11 U.S.C. § 507 (a)() s_1,850.00
household use – 11 U.S.C. § 507 (a)(7) Taxes or penalties owed to governmental units – 11 U.S.	S C §
507 (a)(8)	
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter w	
Credits. The amount of all payments on this claim has been credited for the p	surpose of making this proof of claim (See instruction #6)

EXHIBIT "99"

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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 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 Debter owes money or property): Nathan Lui	☐ Check this box to indicate that this claim amends a previously fited claim.
Name and address where notices should be sent:	Court Claim Number:
Nathan Lui	(l/known) (sadell as a life)
11891 Pond Ridge Dr.	/ 6
Draper, UT 84020	Filed on: (MAY 1 1 2015)
Telephone sumber 801-403-8749	
Telephone number Email address: jelluo@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
t .	this claim. Attach copy of statement giving particulars.
FILED - 00629	
District of Nevada	
Telephone number Ameri-Dream, LLC -	
Email address.	
1. Amount of Claim as of Date Case Filed: 5 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. Rasis for Claim: Refundable Deposits of 7958 Blue Brook Dr. Las Vegas, NV 89147 (Deposits statement,	
Basis for Claim: Refundable Deposits of 7958 Blue (See instruction #2) Lease Agreement, Management Agreement A	
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: 3b. Uniform Claim Identifier (optional):	
2 3 4 9	
	(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
· Other	Basis for perfection:
Describe:	
Value of Property: S	Amount of Secured Claim: 5
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 part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. 	
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). 12 (475°) earmed within 11 the case was filed or the D	80 days before plan = 11 U S C § 507 (a)(5).
■ Up to \$2,775* of deposits toward business ceased, whichever	r 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	of 11 U.S.C. § 507 (a)(_). s 1,450.00
household use - 11 U.S.C. § 507 (a)(7). Taxes or penalties owed to governmental units - 11 U.	
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)	