EXHIBIT "1"

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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 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). Feng Huo, Yu Zheng	☐ Check this box to indicate that this claim amends a previously filed claim.				
Name and address where notices should be sent:	Court Claim Number:				
Feng Huo, Yu Zheng	(If known) \(\sigma \)				
7275 Tarà Ave Las Vegas, NV 89117	Filed on.				
Las vegas, NV 09117	(2015)				
Telephone number 702-480-7234					
Telephone number 702-480-7234 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 - 00630 District of Nevada					
Telephone number: Ameri-Dream, LLC	•				
Email address 1. Amount of Claim as of Date Case Filed: \$ 2,370.00 (Tenant depo	osit: \$1,350 + Missing rent for Jan 2015: \$1,020)				
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				
2. Blists for Cultur,	n Shadow St. Las Vegas NV 89178 (Deposits statement, Deposit				
	Debtor may have scheduled 3b. Uniform Claim Identifier (optional):				
	account as:				
3 4 6 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 Oh	fotor 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 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) □ Wages, salaries, or commis \$12,475*) earned within 18 the case was filed or the De	10 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, leuse, or rental of property or services for personal, family, or	of 11 U.S.C. § 507 (a)(). § 2,370.00				
household use — 11 U.S.C. § 507 (a)(7). Taxes 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	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 "2"

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26.4.4	
UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT	DF NEVADA PROOF OF CLAIM
Name of Debtor, Ameri-Dream Realty, LLC Case No. 15-10110-LED	
NOTE: Do not use this form to make a claim for an administrative expense that are expense according to 11 U.S.C. § 503.	ses 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) Kim S Yee, Cai Fen	☐ Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent Kim S Yee, Cai Fen	Court Claim Number:
7126 Shadow CV, Salt Lake City, UT 84121	Filed on MAY 1 1 2015
Telephone number: 801-809-3773	
Email address CAIFY@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 - 00631 District of Nevada	
Telephone number: Ameri-Dream, LLC Email address:	
Basis for Claim: Refundable Deposits of 7443 Hawk	the principal amount of the claim. Attach a statement that itemizes interest or charges. Shadow Ave. Las Vegas, NV 89113 (Deposits statement,
(See instruction #2) Lease Agreement, Management Ac	
	Debtor may have scheduled 3b. Uniform Claim Identifier (optional):
2 4 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 riattach required reducted documents, and provide the requested information. 	Amount of arrearage and other charges, as of the time case
Nature of property or right of setoff: Real Estate Other Describe:	Motor Vehicle Rasis for perfection:
Value of Property: S	Amount of Secured Claim: S
Annual Interest Rate	/anable Amount Unsecured: 5
 Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any puthe priority and state the amount. 	art of the claim falls into one of the following cutegories, 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	80 days before plan - 11 U.S.C. § 507 (a)(5).
business ceased, whichever 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 – 13 U.S.C.	of 1) U.S.C. § 507 (a)(_) s 1,300.00
507 (a)(8). *Amounts are subject to adjustment on 44/16 and every 3 years thereafter w	tilt respect to cases commenced on or after the date of advorment.

EXHIBIT "3"

ı	DUDGE	TOTAL !	THE	H	п	DEM	THE RE	ı	ш		21
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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	e a request for payment of an administrative
Name of Creditor (the person or other entity to whom the Debtor owes money or property). Michael D Luu,Kimtrung Thi To	Check this box to indicate that this cla	im amends a previously filed claim.
Name and address where notices should be sent. Michael D Luu,Kimtrung Thi To 14581 Abington Cir Westminster, CA 92683	Court Claim Number: Filed on	(If known) MAY 1 1 2015
714-391-1935		
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 a this claim. Attach copy of statement givin	nyone else has filed a proof of claim relating to ng particulars.
FILED - 00632		
District of Nevada		
Telephone number: Ameri-Dream, LLC Email address:		
Amount of Claim as of Date Case Filed: \$ 2,450.00		
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
Basis for Claim: Refundable Deposits of 621 Sonora (See instruction #2) Summary, Lease Agreement, Property.		89081 (Deposits statement, Deposit
		b. Uniform Claim Identifier (optional):
0 9 0 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 attach required reducted documents, and provide the requested information. 		and other charges, as of the time case ecured claim, if any:
Nature of property or right of setoff: Real Estate	Actor Vehicle	s
Describe:	Busis for perfection:	
Value of Property: S	Amount of Secured Cla	sim: S
Annual Interest Rate%	'ariable	
(when case was filed)	Amount Unsecured:	\$
 Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any printing priority and state the amount. 	ert of the claim falls into one of the follow	wing categories, check the box specifying
☐ Domestic support obligations under I1 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). Uwages, 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 btor's	(5).
22 Up to \$2,775* of deposits toward business ceased, whichever purchase, lease, or rental of property or 11 U.S.C § 507 (a)(4).	is earlier — ☐ Other – Specify applicable of 11 U S.C. § 507 (a)(_	ne paragrupa
services for personal, family, or household use = 11 U.S.C. § 507 (a)(7). Taxes or penalties owed to		ş 2,450.00
governmental units – 11 U.5 507 (a)(8).	S C. §	
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter w	nth 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	ourpose of making this proof of claim. (See	instruction #6)

Modified B10 (GCG) (4/13)

EXHIBIT "4"

1 9:5



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA PROOF OF				
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LE)			
,				
NOTE: Do not use this form to make a claim for an administrative expense that ar	ses 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	☐ Check this box to indicate that this claim	amends a previously filed claim.		
property): Caecilia J Kim	Court Claim Number:	. "		
Name and address where notices should be sent:		City Grave		
Caecilia J Kim	ar	known) July Carly Carly Carly		
723 16th Ave San Francisco, CA 94118-3512	Filed on:	/a/		
3an Francisco, CA 94110-3312		(MAY 1 1 2015)		
445 600 0042				
Telephone number. 415-602-0043 Email address: kcaecilia@yahoo.com				
Email address kcaecilia@yahoo.com Name and address where payment should be sent (if different from above):	Check this box if you are aware that anyo	one else has filed a proof of claim relating to		
payment and to sent the district and the sent th	this claim. Attach copy of statement giving	particulars.		
FILED - 00633		I		
District of Nevada		I		
Telephone number: Ameri-Dream, LLC				
Email address:	L			
Amount of Claim as of Date Case Filled: \$ 1,350.00	_			
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 claum. Attach a st	tatement that itemizes interest or charges.		
2. Basis for Claim: Refundable Deposits of 8729 Villa	Monica Ln., LV NV 89147 (Depos	its statement, Deposit Summary,		
(See instruction #2) Lease Agreement, Management A				
Last four digits of any number by which creditor identifies debtor:	s. Debtor may have scheduled 3b. account as:	Uniform Claim Identifier (optional):		
3 9 6 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 inferior or an inf		other charges, as of the time case		
attach required reducted documents, and provide the requested information.		s		
	Motor Vehicle			
Describe:	Basis for perfection:			
Value of Property: S	Amount of Secured Claim	n: \$		
Annual Interest Rate % □ Fixed or □	Variable			
(when case was filed)	Amount Unsecured:	s		
 Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any the priority and state the amount. 				
Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). \$12,475*) earned within 1 the case was filed or the D	00 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 p	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_1,350.00		
household use = 11 U.S.C. § 507 (a)(7). Taxes or penalties owed to governmental units = 11 U				
507 (n)(8).	,			
 Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter 	ith respect to cases commenced on or after th	e 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 in	estruction #6)		

EXHIBIT "5"





2015		LED	Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-L
2015	U 10 10 10 10 10 10 10 10 10 10 10 10 10		
2015	g. You may file a request for payment of an administ	t arises after the bankruptcy filing. Yo	NOTE: Do not use this form to make a claim for an administrative expense that expense according to $11U.S.C.$ § 503.
2015	ate that this claim amends a previously filed claim.		Name of Creditor (the person or other entity to whom the Debtor owes money oproperty): Chi Keong Ng
2015	(If known) self City Group	Court Claim Number:	Name and address where notices should be sent. Chi Keong Ng
2015	(360 36)	-	7275 Tara Ave
I claim relating to	MAY 1 1 2015	Filed on.	Las Vegas, NV 89117
f claim relating to		2	Telephone number 702-480-7234 Email address mikecheunglv@gmail.com
	e aware that anyone else has filed a proof of claim re tatement giving particulars.	Check this box if you are awa this claim. Attach copy of staten	Name and address where payment should be sent (if different from above):
		1	FILED - 00634
(4)	25		District of Nevada
			Telephone number: Ameri-Dream, LLC
			Email address: 1. Amount of Claim as of Date Case Filed: \$ 1,800.00
			Refundable Deposits of 10080 P. (See instruction #2) Summary, Lease Agreement, Ma Last four digits of any number by which creditor identifies debtor:
	(See instruction #3b)	(See instruction #3a)	4 4 9 6
ime case	of arrearage and other charges, as of the time case included in secured claim, if any:	a right of sctoff, was filed, inclu	 Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or attach required reducted documents, and provide the requested information.
	perfection:	Motor Vehicle Basis for perfe	Nature of property or right of setoff: Real Estate Other Describe:
	of Secured Claim: S	Amount of Sec	Value of Property: S
	Unsecured: \$	☐ Variable Amount Unsec	Annual Interest Rate %
x specifying	e of the following categories, check the box specif	y part of the claim falls into one of	 Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If an the priority and state the amount.
	ons to an employee benefit J.S.C. § 507 (a)(5).	n 180 days before plan - 11 U.S.C.	☐ Domestic support obligations under 11 U.S.C § 307 (a)(1)(A) or (a)(1)(B) Wages, salaries, or com \$12,475*) carned within the case was filed or the
	Amount entitled to s 2. § 507 (a)(). § 1,800.00	ever is earlier - Other - Specify of 11 U.S.C. § 5	Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use − 11.11 S C § 507 (a)(2). □ Taxes or penalties owed
		TUSC §	governmental units = 11
		, -	governmental units = 11 507 (a)(8). *Amounts are subject to adjustment on 4/1/16 and every 3 years thereafte
titl	of Secured Claim: S	Amount of Sec Amount Unsectory part of the claim falls into one of the claim falls in	Value of Property: \$

Modified B10 (GCG) (4/13)

EXHIBIT "6"

_			1011 1010 101 11 11 11 11 11 11 11 11 11
UN	TED STATES BANKRUPTCY COURT FOR THE DISTRICT	OF NEVADA	PROOF OF CLAIM
Nan	ne of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LE	D	
	E: Do not use this form to make a claim for an administrative expense that a nse according to 11 U.S.C. § 503.	rises after the bankruptcy filing. You may j	file a request for payment of an administrative
	e of Creditor (the person or other entity to whom the Debtor owes money or erty): Caecilia J Kim	☐ Check this box to indicate that this c	claim amends a previously filed claim.
Nam	e and address where notices should be sent:	Court Claim Number:	City Group
	Caecilia J Kim		(If known)
	723 16th Ave	Filed on:	/ \
	San Francisco, CA 94118-3512	Filed oit.	MAY 11 2015
Tele	phone number 415-602-0043		
Emo	l address: kcaecilia@yahoo.com		
Nam	e and address where payment should be sent (if different from above):	☐ Check this box if you are aware that this claim. Attach copy of statement gi	anyone else has filed a proof of claim relating to ving particulars.
	FILED - 00635		
	District of Nevada		
	phone number: Ameri-Dream, LLC il address:		
ı.	Amount of Claim as of Date Case Filed: S 1,350.00		
	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	to the principal amount of the claim. Attack	h a statement that itemizes interest or charges
2.	Basis for Claim: Refundable Deposits of 10035 Flor	ragold Ct., Las Vegas NV 8914	17 (Deposits statement, Deposit
	(See instruction #2) Summary, Lease Agreement, Man	agement Agreement attached)	
3.	Last four digits of any number by which creditor identifies debtor:	a. Debtor may have scheduled account as:	3b. Uniform Claim Identifier (optional):
	3 9 6 3	(See instruction #3a)	(See instruction #3b)
4.	Secured Claim (See instruction #4)	Amount of arrearage	and other charges, as of the time case
	Check the appropriate box if the claim is secured by a lien on property or a attach required redacted documents, and provide the requested information.		secured claim, if any:
		Motor Vehicle	
	Describe:	Basis for perfection:	
	Value of Property: S	Amount of Secured C	Claim: S
	Annual Interest Rate% □ Fixed or □ (when case was filed)	Variable Amount Unsecured:	s
5.	Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a), If any periority and state the amount.	part of the claim falls into one of the foll	lowing categories, check the box specifying
	☐ Domestic support obligations under ☐ Wages, salaries, or commit		
	11 U.S.C § 507 (a)(1)(A) or (a)(1)(B) \$12,475*) earned within 1 the case was filed or the D		
	☑ Up to \$2,775* of deposits toward business ceased, whichever	er is earlier - Other - Specify applica	
	purchase, lease, or rental of property or services for personal, family, or	of 11 U.S.C. § 507 (a)(s_1,350.00
	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	with respect to cases commenced on or aft	er the date of adjustment.
٠6.	Credits. The amount of all payments on this claim has been credited for the	purpose of making this proof of claim. (S	ec instruction #6) Modified B10 (GCG) (4/13)
			Product pro (OCO) (4/15)

EXHIBIT "7"

	, .		
UNI	ITED STATES BANKRUPTCY COURT FOR THE DISTRICT	OF NEVADA	PROOF OF CLAIM
-	ne of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LEI		
	E: Do not use this farm to make a claim for an administrative expense that ar nse according to 11 U.S.C. § 503.	rises after the bankruptcy filing. You may	file a request for payment of an administrative
	e of Creditor (the person or other entity to whom the Debtor owes money or erty): Michael Yang, Thi Le Tang	Check this box to indicate that this of	claim amends a previously filed claim.
	Michael Yang, Thi Le Tang 9548 Glass Slipper Rd Sandy, UT 84092	- Court Claim Number: Filed on:	(If known) Ster City Group III. MAY 1 1 2015
Tele	phone number: 801-209-5082		
_	it address: mzyang@yahoo.com ic and address where payment should be sent (if different from above):		t anyone else has filed a proof of claim relating to
	FILED - 00636 District of Nevada Ameri-Dream, LLC	this claim. Attach copy of statement gi	iving particulars.*
1.	Amount of Claim as of Date Case Filed: S 1,700.00		
	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	to the principal amount of the claim. Attac	th a statement that stemizes interest or charges
2.	Basis for Claim: Refundable Deposits of 6062 Deve (See instruction #2) Lease Agreement, Management Ag		Deposit statement, Deposit Summary,
3.		a. Debtor may have scheduled account as:	3b. Uniform Claim Identifier (optional):
	6 6 8 1	(See instruction #3a)	(See anstruction #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.		and other charges, as of the time case secured claim, if any:
		Motor Vehicle	s
	Describe:	Basis for perfection:	
	Value of Property: S	Amount of Secured (Claim: S
_	Annual Interest Rate	Variable Amount Unsecured:	\$ <u>'</u>
5.	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 foll	lowing 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*) carned within 19	80 days before plan − 11 U S C. § 507	
	₩ Up to \$2,775* of deposits toward business ceased, whicheve	r is earfuer - Dother - Specify applica	
	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).		\$_1,700.00
	Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter we	with respect to cases commenced on or aft	er the date of adjustment.

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

Modified B10 (GCG) (4/13)

EXHIBIT "8"



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 an 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): Ho Mu Lin	☐ Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent:	Court Claim Number:
Ho Mu Lin	(if known) Jen City Group
7275 Tara Av	(36 3 E)
Las Vegas, NV 89117	MAY 1 1 2015
Telephone number: 702-480-7234	
Email addressmikecheung702@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 - 00637	
District of Nevada	
Telephone number. Ameri-Dream, LLC Email address.	
Amount of Claim as of Date Case Filed: S 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
Refundable Descrite of 2274 Phon	tom Rock St, LV NV 89135 (Deposits statement, Deposit Summary
Basis for Claim: Retundable Deposits of 32/4 Phan (See instruction #2) Lease Agreement, Management Ag	
	account as: 3b. Uniform Claim Identifier (optional):
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 	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
☐ Other	Motor Vehicle Basis for perfection:
Describe:	
Value of Property: S	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	10 days before plan – 11 U.S.C. § 507 (a)(5).
	is earlier - Other - Specify applicable paragraph Amount entitled to priority:
purchase, lease, or rental of property or 11 U.S.C. § 507 (a)(4). services for personal, family, or	of 11 U.S.C § 507 (a)(_) s 1,450.00
household use - 11 U.S.C. 8 507 (a)(7). Taxes or penalties owed to	
governmental units – 11 U. 507 (a)(8).	S.C. 9
*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	

Modified B10 (GCG) (4/13)

EXHIBIT "9"

1000	CHINE	entra en	E MINE D	e as a	THE R. P.
THU I	uan	ara in	S TOR I	989	
JUNI	S AU	uan.	E ADAD I	H III I	LEAD

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA	PROOF OF CLAIM				
Name of Debtor: Ameri-Dream Realty, LLC Case No. 45-10110-LED	TROOF OF CEAR				
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filling. Ye expense according to 11 U.S.C. § 503.	ou may file a request for payment of an administrative				
	hat this claim amends a previously filed claim				
Name and address where notices should be sent: Kwan Wood Ma, Connie Huo Si Ma 7959 Avaion Islands St.	() (known) (special or all and all all all all all all all all all al				
Las Vegas, NV 89139	Filed on:				
Telephone number: Email address: MikeCheung702@hotmait.com					
Name and address where payment should be sent (if different from above): FILED - 00638 District of Nevada Telephone number: Ameri-Dream, LLC Email address	vare that anyone else has filed a proof of claim relating to ment giving particulars.				
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. Refundable Deposits of 6747 Enchanted Cove Ct. Las Veg (See instruction #2) Lease Agreement, Management Agreement attached) 3. Last four digits of any number by which creditor identifies debtor: 3a. Debter may have scheduled account as:	as, NV 89139 (Deposits statement,				
2 3 1 5 (See instruction #3a)	(See instruction #3b)				
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 Nature of property or right of setoff: Real Estate Motor Vehicle	Amount of arrearinge and other charges, as of the time case was filed, included in secured claim, if any: S				
	recured Claim: S				
(when case was filed) Amount Unset 5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim fulls into one of					
the 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 cental of property or services for personal, family, or household use -11 U.S.C. § 507 (a)(T) Wages, salaries, or commissions (up to \$12,475*) carned within 180 days before the case was filled or the Debtor's business censed, whichever is earlier - 11 U.S.C. § 507 (a)(4). Taxes or penalties owed to	□ Contributions to an employee benefit plan – 11 U.S.C § 507 (a)(5). □ Other – Specify applicable paragraph of 11 U.S.C § 507 (a)(_). \$\(\) \(\)				
governmental units = 11 U.S.C. § 507 (ax8). *Amounts are subject to adjustment on 4.1-16 and every 3 years thereafter with respect to cases commenced.	on or offer the date of adjustment				
 Credits. The amount of all payments on this claim has been credited for the purpose of enaking this proof of c 					

EXHIBIT "10"

THE REAL PROPERTY.	RIFE AL	N (DE)	HIER IN	n	# (1118	100	H
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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-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): Kwan Wood Ma, Connie Huo Si Ma					
Name and address where notices should be sent: Kwan Wood Ma, Connie Huo Si Ma 7959 Avalon Islands St. Las Vegas, NV 89139	Filed on (15 known) WAY 1 1 2015				
Telephone number. Email address:MikeCheung702@hotmail.com					
Name and address where payment should be sent (if different from above) FILED - 00639 District of Nevada Telephone number: Email address:	☐ 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.				
Basis for Claim: Refundable Deposits of 7539 Sprin (See instruction #2) Lease Agreement, Management Agreement, Management, Management Agreement, Management, Management	a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional):				
2315	(See instruction #3a) (See instruction #3b)				
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right required reducted documents, and provide the requested information. Nature of property or right of setoff: Real Estate 3 Other	Amount of arrearage and other charges, as of the time case				
Value of Property: S Amount of Secured Claim: S Annual Interest Rate %					
(when case was filed) 5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (u). If any p	Amount Unsecured: out of the claim fulls into one of the following entegories, check the bux 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 restal of property or services for personal, furnity, or household use - 11 U.S.C. § 507 (a)(A) Uniority and state the amount. Wages, salaries, or commis 512,475*) earned within 18 the case was filled or the tX business ceased, whichever 11 U.S.C. § 507 (a)(A) Taxes or penalties owed to governmental units - 11 U.SC (a)(B)	ssions (up to Contributions to an employee benefit 80 days before 'plan = 11 U.S.C. § 507 (a)(5). ebtor's r ts earlier - Cother = Specify applicable paragraph of 11 U.S.C. § 507 (a)(_). Amount entitled to priority: \$ 1,575.00				
*Amounts are subject to adjustment on 4.1°16 and every 3 years thereafter w	rith respect to cover commenced on or ofter the date of adjustment.				
6. Credits. The amount of all payments on this claim has been credited for the	purpose of making this proof of claim. (See instruction #6) ModStart B10 (CCC) (AT 3)				