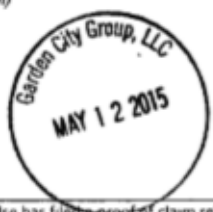


# EXHIBIT “31”



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property) <b>Morning Horizon LLC</b>  Name and address where notices should be sent: <b>Morning Horizon LLC</b> <b>360 WALNUT AVE</b> <b>ARCADIA, CA 91007</b>  Telephone number: <b>626-446-8881</b> Email address: <b>getwise123@yahoo.com</b>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on _____  <div style="text-align: center;">  </div> <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="text-align: center;"> <b>FILED - 00669</b>  <b>District of Nevada</b>  <b>Ameri-Dream, LLC</b> </div>	
Name and address where payment should be sent (if different from above)    Telephone number: Email address:		
1. Amount of Claim as of Date Case Filed: \$ <u>1,795.00</u>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Refundable Deposits of 5820 Aqua Verde St. Las Vegas NV 89031 (Deposits statement, Deposit Summary, Lease Agreement, Management Agreement, LLC Articles attached)</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:  <div style="text-align: center; font-size: 1.5em;"> <u>3</u> <u>6</u> <u>3</u> <u>2</u> </div>	3a. Debtor may have scheduled account as:  _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional):  _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle  <input type="checkbox"/> Other             Describe: _____             Value of Property: \$ _____             Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable            (when case was filed)         </div> <div style="width: 50%;">           Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:            \$ _____             Basis for perfection: _____             Amount of Secured Claim: \$ _____             Amount Unsecured: \$ _____         </div> </div>		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).   <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7)         </div> <div style="width: 45%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).   <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).         </div> <div style="width: 10%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).   <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ): _____         </div> </div> <div style="text-align: right; margin-top: 10px;">           Amount entitled to priority:  <b>\$ 1,795.00</b> </div> <p style="font-size: 0.8em; margin-top: 10px;">*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

# EXHIBIT “32”

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property):  Name and address where notices should be sent: <u>DEPEI WENG</u> <u>1415 FAIRWAY DR.</u> <u>LOS ALTOS, CA 94024</u>  Telephone number: <u>(650) 996-2521</u> Email address: <u>BETTYDWENG@gmail.com</u>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (U/known)  Filed on: _____  <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="text-align: center;">FILED - 00670 District of Nevada Ameri-Dream, LLC</div>	
Name and address where payment should be sent (if different from above):  Telephone number: _____ Email address: _____		
1. Amount of Claim as of Date Case Filed: \$ <u>2209.75</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Tenant rental deposits and Jan. 2015 Rent</u> (See instruction #2) <u>\$1555</u> <u>\$754.75</u>		
3. Last four digits of any number by which creditor identifies debtor:  <u>8 2 1 9</u>	3a. Debtor may have scheduled account as: <u>DEPEI WENG</u> (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		
Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).           </div> <div style="width: 35%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).           </div> <div style="width: 5%;"> <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).           </div> </div> <div style="text-align: right;">         Amount entitled to priority: \$ <u>2209.75</u> </div>		
* Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

# EXHIBIT “33”

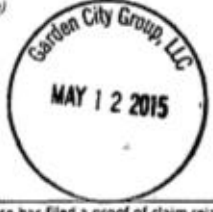


UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>WEI ZHAO</b>  Name and address where notices should be sent: <div style="margin-left: 40px;"> <b>WEI ZHAO</b>  <b>1936 LUNA COURT</b>  <b>FREMONT, CA 94539</b> </div> Telephone number: <b>1-408-250-8097</b> Email address: <b>KATHLEENZ186@gmail.com</b>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: <b>1-09-2015</b>  <div style="text-align: center;"> </div>	
Name and address where payment should be sent (if different from above):  <div style="margin-left: 40px;"> <b>SAME AS ABOVE</b> </div> Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="text-align: center;"> <b>FILED - 00671</b>  <b>District of Nevada</b>  <b>Ameri-Dream, LLC</b> </div>	
1. Amount of Claim as of Date Case Filed: <b>\$1200.00</b> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <b>Security Deposit for the rental property at 563 Port Talbot Ave, LV, NV 89178</b> <small>(See instruction #2)</small>		
3. Last four digits of any number by which creditor identifies debtor: <div style="margin-left: 40px;"> <b>8 2 1 9</b> </div>	3a. Debtor may have scheduled account as: <div style="margin-left: 40px;"> <b>N/A</b> </div> <small>(See instruction #3a)</small>	3b. Uniform Claim Identifier (optional): <div style="margin-left: 40px;"> <b>N/A</b> </div> <small>(See instruction #3b)</small>
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other             Describe: _____             Value of Property: \$ _____             Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable  <small>(when case was filed)</small> </div> <div style="width: 35%;">           Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____             Basis for perfection: _____             Amount of Secured Claim: \$ _____             Amount Unsecured: \$ _____         </div> </div>		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).   <input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).   <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).   <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).         </div> <div style="width: 35%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input checked="" type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(<b>1</b>).             Amount entitled to priority: <b>\$1200.00</b> </div> </div>		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim (See instruction #6)		

# EXHIBIT “34”






UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>QIAN WANG</b>  Name and address where notices should be sent:  <b>QIAN WANG</b> <b>146 Blake Ave</b> <b>Santa Clara, CA 95051</b>  Telephone number: <b>408-332 2307</b> Email address: <b>qian.wang7@yahoo.com</b>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____  <div style="text-align: center;">  </div>	
Name and address where payment should be sent (if different from above):     Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.   <div style="text-align: center;"> <b>FILED - 00672</b>  <b>District of Nevada</b>  <b>Ameri-Dream, LLC</b> </div>	
1. Amount of Claim as of Date Case Filed: \$ <u>1300.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Security deposit \$1,100 and cleaning deposit \$200.00</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:  <div style="text-align: center; font-size: 1.5em;">8 2 1 9</div>	3a. Debtor may have scheduled account as:  (See instruction #3a)	3b. Uniform Claim Identifier (optional):  (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other             Describe: _____             Value of Property: \$ _____             Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable            (when case was filed)         </div> <div style="width: 35%;">           Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____             Basis for perfection: _____             Amount of Secured Claim: \$ _____             Amount Unsecured: \$ _____         </div> </div>		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B)   <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7)         </div> <div style="width: 30%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).   <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).         </div> <div style="width: 30%;"> <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).   <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( )         </div> </div> <div style="text-align: right; margin-top: 10px;">         Amount entitled to priority: \$ <u>1300.00</u> </div>		
* Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		



# EXHIBIT “35”




UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <u>Ning Liu &amp; Yingchun Wu</u> Name and address where notices should be sent: <u>1522 Honey Creek Ct.</u> <u>Newbury Park. CA 91320</u>  Telephone number: <u>818 205 5366</u> Email address: <u>wuy99@yahoo.com</u>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____ <div style="text-align: center; margin-top: 20px;">  </div>	
Name and address where payment should be sent (if different from above): <u>same</u>  Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="text-align: center; margin-top: 20px;">           FILED - 00677            District of Nevada            Ameri-Dream, LLC         </div>	
1. Amount of Claim as of Date Case Filed: \$ <u>1,245.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Rent, January 2015 - 6629 Lavender Lion St. N. Las Vegas, NV 89086</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		
Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).           </div> <div style="width: 45%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).           </div> <div style="width: 45%;"> <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).           </div> </div> <div style="text-align: right; margin-top: 10px;">           Amount entitled to priority:  <u>\$ 1,245.00</u> </div>		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

# EXHIBIT “36”

Modified B10 (GCG) (4/13)

# EXHIBIT “37”



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Philip Poon</b>  Name and address where notices should be sent: <div style="margin-left: 20px;"> <b>Philip Poon</b>  <b>9538 Vivid Colors Ave</b>  <b>Las Vegas, NV 89148</b> </div>  Telephone number: <b>702-885-7755</b> Email address: <b>phillipbrunos@gmail.com</b>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: _____  <div style="text-align: center; padding-top: 20px;">  </div>	
Name and address where payment should be sent (if different from above):    Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.   <div style="text-align: center; padding-top: 20px;"> <b>FILED - 00683</b>  <b>District of Nevada</b>  <b>Ameri-Dream, LLC</b> </div>	
<b>1. Amount of Claim as of Date Case Filed: \$ 1,080.00</b>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> <u>Unpaid maintenance and repair fee by Amer-Dream Realty (Unpaid invoices and copies of previous Amer-Dream checks attached)</u> <small>(See instruction #2)</small>		
<b>3. Last four digits of any number by which creditor identifies debtor:</b>  <div style="text-align: center; margin-top: 10px;"> <u>8</u>   <u>8</u>   <u>9</u>   <u>8</u> </div>	<b>3a. Debtor may have scheduled account as:</b>  _____ <small>(See instruction #3a)</small>	<b>3b. Uniform Claim Identifier (optional):</b>  _____ <small>(See instruction #3b)</small>
<b>4. Secured Claim (See instruction #4)</b> 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		
<b>Nature of property or right of setoff:</b>  Describe: _____  Value of Property: \$ _____  Annual Interest Rate _____ % <small>(when case was filed)</small>	<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____  <b>Amount of Secured Claim:</b> \$ _____  <b>Amount Unsecured:</b> \$ _____	
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B)  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7)	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8)  <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5)  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____)	
*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.		<b>Amount entitled to priority:</b> <b>\$ 1,080.00</b>
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

# EXHIBIT “38”

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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 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): <u>Han Chen + Xigomei Michelle Liu</u>  Name and address where notices should be sent: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">           Vegas Pro            Attn: Tiffany Chau            6276 Spring Mountain Rd. #100            Las Vegas, NV 89146             Phone: (702) 217-9389         </div> Telephone number: Email address:	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: _____  <div style="text-align: center;"> </div>	
Name and address where payment should be sent (if different from above):  <div style="text-align: center; font-size: 2em; margin: 10px 0;">Same</div> Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="text-align: center;">           FILED - 00686            District of Nevada            Ameri-Dream, LLC         </div>	
1. Amount of Claim as of Date Case Filed: \$ <u>1,000.00</u>  If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Security deposit on residential lease - 9266 Bush Poppy Ln, NV 89147</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:  <div style="text-align: center; font-size: 2em;">9 4 7 5</div>	3a. Debtor may have scheduled account as:  (See instruction #3a)	3b. Uniform Claim Identifier (optional):  (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other             Describe: _____             Value of Property: \$ _____             Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable            (when case was filed)         </div> <div style="width: 35%;">           Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:            \$ _____             Basis for perfection: _____             Amount of Secured Claim: \$ _____             Amount Unsecured: \$ _____         </div> </div>		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(6).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).         </div> <div style="width: 35%;"> <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).             Amount entitled to priority:            \$ <u>1,000.00</u> </div> </div>		
<small>*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		


# EXHIBIT “39”



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM												
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED														
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.														
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <u>Han Chen + Xiaomei Michelle Lin</u> Name and address where notices should be sent: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">           Vegas Pro            Attn: Tiffany Chau            6276 Spring Mountain Rd. #100            Las Vegas, NV 89146            Phone: (702) 217-9389         </div> Telephone number: Email address:	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____ <div style="text-align: center; margin-top: 20px;"> </div>													
Name and address where payment should be sent (if different from above): <div style="text-align: center; font-size: 1.5em; margin: 10px 0;">Same</div> Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. <div style="text-align: center; margin-top: 20px;">           FILED - 00687            District of Nevada            Ameri-Dream, LLC         </div>													
1. Amount of Claim as of Date Case Filed: \$ <u>1625</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.														
2. Basis for Claim: <u>Security deposit on residential lease - 6257 Scarlet Flax, LV, NV 89148</u> (See instruction #2)														
3. Last four digits of any number by which creditor identifies debtor: <div style="text-align: center; font-size: 1.5em; margin: 10px 0;">9 4 7 5</div>	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)												
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. <table style="width: 100%; font-size: small;"> <tr> <td style="width: 50%;">Nature of property or right of setoff:</td> <td style="width: 25%;"> <input type="checkbox"/> Real Estate    <input type="checkbox"/> Motor Vehicle  <input type="checkbox"/> Other         </td> <td style="width: 25%;">Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____</td> </tr> <tr> <td>Describe: _____</td> <td></td> <td>Basis for perfection: _____</td> </tr> <tr> <td>Value of Property: \$ _____</td> <td></td> <td>Amount of Secured Claim: \$ _____</td> </tr> <tr> <td>Annual Interest Rate _____ %    <input type="checkbox"/> Fixed    or    <input type="checkbox"/> Variable</td> <td></td> <td>Amount Unsecured: \$ _____</td> </tr> </table>			Nature of property or right of setoff:	<input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	Describe: _____		Basis for perfection: _____	Value of Property: \$ _____		Amount of Secured Claim: \$ _____	Annual Interest Rate _____ % <input type="checkbox"/> Fixed    or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____
Nature of property or right of setoff:	<input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____												
Describe: _____		Basis for perfection: _____												
Value of Property: \$ _____		Amount of Secured Claim: \$ _____												
Annual Interest Rate _____ % <input type="checkbox"/> Fixed    or <input type="checkbox"/> Variable		Amount Unsecured: \$ _____												
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <table style="width: 100%; font-size: small;"> <tr> <td style="width: 33%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).         </td> <td style="width: 33%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).         </td> <td style="width: 33%;"> <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( )         </td> </tr> </table> <div style="text-align: right; margin-top: 10px;">         Amount entitled to priority:  <u>\$ 1,625.00</u> </div>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( )									
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( )												
*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 “40”



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA		PROOF OF CLAIM			
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED					
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.					
Name of Creditor (the person or other entity to whom the Debtor owes money or property): <b>Yuk S. Wong and Xiao Y. Zhu</b>  Name and address where notices should be sent: Vegas Pro Attn: Tiffany Chau 6276 Spring Mountain Rd. #100 Las Vegas, NV 89146  (702) 217-9389  Telephone number: Email address:	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (if known)  Filed on: _____  <div style="text-align: center;">  </div>				
Name and address where payment should be sent (if different from above):  <b>Same</b>  Telephone number: Email address:	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.  <div style="text-align: center;">           FILED - 00689            District of Nevada            Ameri-Dream, LLC         </div>				
1. Amount of Claim as of Date Case Filed: \$ <u>2,650.00</u>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.					
2. Basis for Claim: <u>Security, key, pet, and cleaning deposits on 7620 Lillywood Avenue property</u> (See instruction #2)					
3. Last four digits of any number by which creditor identifies debtor:  _____	3a. Debtor may have scheduled account as:  _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional):  _____ (See instruction #3b)			
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">           Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other             Describe: _____             Value of Property: \$ _____             Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable            (when case was filed)         </td> <td style="width: 50%; vertical-align: top;">           Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:            \$ _____             Basis for perfection: _____             Amount of Secured Claim: \$ _____             Amount Unsecured: \$ _____         </td> </tr> </table>			Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other  Describe: _____  Value of Property: \$ _____  Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other  Describe: _____  Value of Property: \$ _____  Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____				
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).   <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).   <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).   <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).         </td> </tr> </table> <div style="text-align: right; margin-top: 10px;">         Amount entitled to priority:          \$ <u>2,650.00</u> </div>			<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input checked="" type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).			
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.					
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)					

Modified B10 (GCG) (4/13)