EXHIBIT "71"

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 farm to make a claim for an administrative expense that an expense occording to 11 U.S.C. § 503.	ises after the bankruptcy filing. You may file a request for payment of an administrative		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): Timmy Sha	Check this box to indicate that this claim amends a previously filed claim.		
Name and address where optices should be sent:	Court Claim Nacober:		
Jimmy Sha 138 3rd Ave	Filed on:		
Daly City. CA 94014 Telephone number (415) 812-7759			
Telephone number (41) 80 gmail 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.		
Same	FILED - 00725		
Telephone number:	District of Nevada		
Email address:	Ameri-Dream, LLC		
1. Amount of Claim as of Date Case Filed: \$ 1645.			
If all or part of the chaim is secured, complete item 4.			
If all or part of the claim is emitted 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 Basis for Chalm: Deposits for Vental home 8605 Grand Pine			
1. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: 3b. Uniform Claim Identifier (optional):			
0 4 6 9 Jimmy Sha			
	(See instruction #34) (See instruction #36)		
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.	Amount of arrearege and other charges, as of the time case ight of sctoff, was filed, included in secured claim, if any:		
	Motor Vehicle		
Describe:	Basis for perfections		
Value of Property: S	Amount of Secured Claim: \$		
Annual Interest Rate % D Fixed or D Variable			
(when case was filed) Amount Unsecured: 5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following entegories, check the box specifying the priority and state the amount.			
☐ Domestic support obligations under ☐ Wages, soluties, or commissions (up to ☐ Contributions to an employee benefit 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). Stages are filed as the Debugs.			
Dup to \$2,775° of deposits toward purchase, lease, or rectal of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7). Amount extined to contact the purchase lease, or rectal of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7). Texas or penalties owed to governmental units - 11 U.S.C. §			
507 (a)(8).			
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter w			
Credits. The amount of all payments on this claim has been credited for the ;	purpose or meaning this proof of cisim. (See instruction 50)		

Modified B10 (GCG) (U13)

EXHIBIT "72"

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UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA PROOF OF CLAIM			
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED			
NOTE: Do not use this form to make a claim for an administrative expense that are expense occording 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	☐ Check this box to indicate that this claim amends a previously filed claim.		
property): J:mmy Sha	Court Claim Number:		
Name and address where notices should be sent:	Of known)		
Jimmy Sha 138 3rd Ave,	Filed on:		
Daly City. CA 94014 Telephone number: [415,1812-7759			
Telephone number: (415 / 812 - //5/ Email address: Timsha @ 9mail . 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		
and the second	this claim. Attach copy of statement giving particulars.		
Same	FILED - 00726		
Telephone number:	District of Nevada Ameri-Dream, LLC		
Email address: 1. Amount of Claim as of Date Case Filed: \$			
1100			
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.		
5	014		
2. Basis for Claim: Depusits - or Venta (See instruction #2)	ione 8140 Caspian Moon		
3. Last four digits of any number by which creditor identifies debtor: 3a	Debror may have scheduled 3b. Uniform Claim Identifier (optional):		
<u>0469</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 ri attach required reducted documents, and provide the requested information. 	Amount of arrearage and other charges, as of the time case the of sctoff, was filed, included in secured claim, if any:		
	Sotor Vehicle		
Describe:	Basis for perfection:		
Value of Property: \$ Amount of Secured Claim: \$			
Annual Interest Rate %			
 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. 			
Up to Up and state the annual Up Wages, salaries, or commissions (up to Up Contributions to an employee benefit 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). \$12,475*) earned within 180 days before plan - 11 U.S.C. § 507 (a)(5). the case was filed or the Debtor's			
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 princity		
services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). Taxes or penalties owed to governmental units – 11 U.S.C.	<u>1150.</u>		
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 	ish respect to cases commenced on or after the date of adjustment.		

EXHIBIT "73"

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT	OF NEVADA PROOF OF CLAIM
Name of Debtor: Ameri-Dream Realty, LLC Case No 15-10110-LEI	
NOTE: Do not use this form to make a claim for an administrative expense that an expense according to 11 U.S.C. § 503.	nses 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): Shi Kun	☐ Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: Shi Kun	Court Claim Number: (If known)
7417 Laramie Ave	Filed on.
Las Vegas, NV 89113	(MAY 1 2 2015 3)
Telephone number (70) 541-4996 Email address: Shi Kun 8866@ 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.
Same	
	FILED - 00727 District of Nevada
Telephone number: Email address:	Ameri-Dream, LLC
1. Amount of Claim as of Date Case Filed: \$ 1625	
If all or part of the claim is secured, complete item 4.	
It all or part of the claim is entitled to priority, complete item 5.	
☐ Check this box if the claim includes interest or other charges in addition to	to the principal amount of the claim. Attach a statement that itemizes interest or charges.
2. Basis for Claim: Deposits for rental ho	ome 6687 cloverstone CT.
3. Last four digits of any number by which creditor identifies debtor: 3:	a. Debtor may have scheduled account as: 3b. Uniform Claim Identifier (optional):
+ \(\sigma\)	(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. 	Amount of arrearage and other charges, as of the time case ight of setoff, was filed, included in secured claim, if any:
□ Other	Motor Vehicle Basis for perfection:
Value of Property: S	Amount of Secured Claim: \$
Annual Interest Rate	Variable - Amount Unsecured: \$
 Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any p the priority and state the amount. 	art of the claim falls into one of the following categories, check the box specifying
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B) \$12,475*) earned within 18 the case was filed or the Do	80 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 services for personal, family, or	r is earlier - Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(_).
household use – 11 U.S.C. § 507 (a)(7). Taxes or penalties owed to governmental units – 11 U 507 (a)(8).	
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter w	orth 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)

EXHIBIT "74"

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		THE REAL PROPERTY OF THE PROPE
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 fil	e a request for payment of an administrative
Name of Creditor (the person or other entity to whom the Debtor owes money or property): Huas Industry // C.	Check this box to indicate that this cla	nim amends a previously filed claim.
Name and address where notices should be sent	Court Claim Number:	24
Huas Industry LLC. 416 Barbados Dr.		(If known) Store City Group
416 Barbados DY.	Filed on:	(MAY 1 2 2015)
Walnut, CA 91789		\
Telephone number: (702)217-9389 Email address: Jantinhsia @ Xahoo.com		
Name and address where payment should be sent (if different from above):	Check this box if you are aware that a	myone else has filed a proof of claim relating to
Theme and address where payment should be sent (it different from accore).	this claim. Attach copy of statement givi	ng particulars.
Same	FILED - 00	0728
000	District of N	evada
Telephone number:	Ameri-Dream	, LLC
Email address: 1. Amount of Claim as of Date Case Filed: S 3075	l	
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 op other charges in addition to	the principal amount of the claim. Attach	a statement that itemizes interest or charges.
	1	1 1
2. Basis for Claim: De Posits for Venta (See instruction #2)	nome 2426 (cagleridge Dr.
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional):		
9 4 9 6 account as:		
 	(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 a	and other charges, as of the time case
attach required redacted documents, and provide the requested information.		s
Nature of property or right of setoff:	Motor Vehicle Basis for perfection:	
Value of Property: \$	Amount of Secured Cla	aim: S
ApproxI Interest Bets # City	Veriable	
Annual Interest Rate	Variable Amount Unsecured:	s
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.		
U Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). \$12,475*) earned within 18 the case was filed or the De	10 days before plan - 11 U.S.C. § 507 (a	n)(5).
Up to \$2,775* of deposits toward 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 – 11 U. 507 (a)(8).		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter w	ith respect to cases commenced on or often	r the date of adjustment.
Credits. The amount of all payments on this claim has been credited for the		
The state of the s		

EXHIBIT "75"

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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 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	☐ Check this box to indicate that this claim amends a previously filed claim.		
property): Yu Ding Wu	Count China Nambara		
Name and address where notices should be sent:	Court Claim Number:		
Yu Ding Wu	(If known)		
6276 Spring Mountain Rd # 100	Filed on:		
Las Vegas AV 89146			
Telephone number: (702) 217-9389			
Email address: Gntinhsia @ Yahou. 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 daim. Attach copy of statement giving particulars.		
Same			
300	FILED - 00730 District of Nevada		
Telephone number: Email address:	Ameri-Dream, LLC		
1. Amount of Claim as of Date Case Filed: \$ 1735.			
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. Basis for Claim: VEXSits TOY YENTO (See instruction #2)	home 10515 Lilac IYEE		
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional):			
3204	account an		
Z = - +	(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 re	Amount of arrearage and other charges, as of the time case that 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: Real Estate Nature of Property or right of setoff:	fotor Vehicle		
Other	Basis for perfection:		
Describe:			
Value of Property: S Amount of Secured Claim: S			
Annual Interest Rate% D Fixed or D Variable			
(when case was filed)	Amount Unsecured: \$		
 Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. 			
11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). \$12,475*) carned within 18	tor's		
Up to \$2,775* of deposits toward business ceased, whichever purchase, lease, or rental of property or services for personal, family, or	is earlier - Other - Specify applicable puragraph of 11 U.S.C. \$ 507 (a).		
household use = 11 U.S.C. § 507 (a)(7). Tixxes or penalties owed to governmental units = 11 U.S. 507 (a)(8).	c.		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter wi	th 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 p	urpose of making this proof of claim. (See instruction #6)		
	Modified R10 (GCG) (4/1		

EXHIBIT "76"

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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	e a request for payment of an administrative	
Name of Creditor (the person or other entity to whom the Debtor owes money or	☐ Check this box to indicate that this cla	im amends a previously filed claim	
property). Yu Ding Wu	Court Claim Number:		
Name and address where notices should be sent:	Court Claim Number:		
Yu Ding Wu		(If known) Garden City	
1276 Spring Mountain Dd # 100	Filed on	(sall	
02/0 Spring / 0/00/00/00/00 Rd 1/100		1 44 E	
6276 Spring Mountain Rd # 100 Las Vegas, NV 89146	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Telephone number; (702) 217-9389			
Email address: antinhsia @ Yahoo.com			
Name and address where payment should be sent (if different from above)		nyone else has filed a proof of claim relating to	
	this claim. Attach copy of statement givin	ng particulars.	
Same.	F1LED - 00731		
	District of Nevad	la .	
Telephone number Email address:	Ameri-Dream, Ll	LC	
1. Amount of Claim as of Date Case Filed: S // >5. 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. Basis for Claim: Deposits for vental home 9991 Erie Stream			
(See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional):			
3 2 0 4 account as:			
	(See instruction #3a)	(See instruction #3b)	
4. Secured Claim (See instruction #4)		nd 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.	ght of setoff, was filed, included in se	ecured claim, if any:	
Nature of property or right of setoff: Real Estate	Notor Vehicle	3	
Decoribe:	Basis for perfection:		
Describe:			
Value of Property: S	Amount of Secured Cla	aim: S	
Annual Interest Rate % □ Fixed or □ \	'arrable		
(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). Wages, salaries, or commis \$12,475*) earned within 18	0 days before plan - 11 U.S.C. § 507 (a		
Up to \$2,775* of deposits toward the case was filed or the De	is earlier - Other - Specify applicable		
purchase, lease, or rental of property or 11 U.S.C. § 507 (a)(4). services for personal, family, or	of 11 USC § 507 (a)(_		
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	ourpose of making this proof of claim. (See	instruction #6)	

EXHIBIT "77"



UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA PROOF OF CLAIM				
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED				
NOTE: Do not use this form to make a claim for an administrative expense that are expense according to 11 U.S.C. § 503.	ses after the bankruptcy filing. You may file a request for payment of an administrative			
Name of Creditor (the person or other entity to whom the Debtor owes money or property): (LO i LUU	☐ Check this box to indicate that this claim amends a previously filed claim.			
Name and address where notices should be sent:	Court Claim Number:			
Muoi Luu	(If brown) Carden City Gra			
8231 Cassis CT	/ S (%)			
100 Negro NIV 89117	MAY / 2 2015			
Las vegas, 14V 01111	(10/5			
Las Vegas, NV 89117 Telephone number: (702) 439-2992 Telephone number: (702) 439-2992				
Email address: IMM CIPI PIDICA (42 74 PIDUL DIPPL	The state of the s			
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 daim. Attach copy of statement giving particulars.			
Same	FILED - 00732			
	District of Nevada			
Telephone number: Email address:	Ameri-Dream, LLC			
1. Amount of Claim as of Date Case Filed: S 375.				
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. Basis for Claim: Deposits for Venta (See instruction #2)	I home 3237 Crown Cove			
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional):				
9 9 1 4 account as:				
_ + -	(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:				
	fotor Vehicle			
Describe:	Basis for perfection:			
Value of Property: S	Amount of Secured Claim: \$			
Annual Interest Rate%				
 Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any pa the priority and state the amount. 	Amount Unsecured: 5 ert of the claim falls into one of the following categories, check the box specifying			
☐ Domestic support obligations under ☐ Wages, salaries, or commiss	sions (up to Contributions to an employee benefit 0 days before plan = 11 U.S.C. § 507 (a)(5).			
Up to \$2,775° of deposits toward business ceased, whichever	btor's is earlier - Other - Specify applicable paragraph Amount entitled to priority:			
Surchase, Ionae, or result of property or services for personal, finmly, or household use – 11 U.S.C. § 507 (a)(7). Times or penalties owed to governmental units – 11 U.S. 507 (a)(8).	of 11 U.S.C. § 507 (e)(_).			
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter wi	th respect to cases commenced on or after the date of adjustment.			
Credits. The amount of all payments on this claim has been credited for the p	urpose of making this proof of claim. (See instruction #6)			

EXHIBIT "78"

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異 日 1	316	88 R	非器胜	雅雅	Ш
1 HUB 1		14 L	S STATE	22 22 2	8

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	☐ Check this box to indicate that this claim amends a previously filed claim.		
property): Michelle Hsieh/Lei Yang	Court Claim Number:		
Name and address where notices should be sent Michelle HSieh	(f known) Goden City Group		
6825 Zamova Dr.	Filed on: MAY 1 2 2015		
LV NV 89103			
Telephone number: 702) 750 - 8955 Email address: MhSieh, 7365@gmail.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 dalm. Attach copy of statement giving particulars.		
: Same	FILED - 00733		
3	District of Nevada		
Telephone number: Email address:	Ameri-Dream, LLC		
1. Amount of Claim as of Date Case Filed: \$ 570 W			
If all or part of the claim is secured, complete item 4.			
If all or part of the claim is emitted 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 Basis for Claim: Deposits on rental home 10566 Congaree St.			
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled 3b. Uniform Claim Identifier (optional):			
9 2 1 5	Michelle HSieh (See instruction #36) (See instruction #36)		
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 reducted documents, and provide the requested information. (See instruction #3e) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:			
	Actor Vehicle		
Describe:	Basis for perfection:		
Value of Property: \$ Amount of Secured Claim: \$			
Annual Interest Rate % Fixed or Variable (when case was filed) Amount Unsecured: \$ 1570.			
 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). Wages, salaries, or commissions (up to ☐ Contributions to an employee benefit 512,475*) earned within 180 days before plan — 11 U.S.C. § 507 (a)(5). the case was filed or the Debtor's			
business ceased, whichever is earlier purchase, leave, or remaind 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.S.C. § 507 (a)(8).			
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			

EXHIBIT "79"

10 18		Ш	14
		Ш	

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF NEVADA PROOF OF CLAIM			
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LE	0		
, .			
NOTE: Do not use this form to make a claim for an administrative expense that a expense occording to 11 U.S.C. § 503.	ises ofter 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	Check this box to indicate that this cla	im amends a previously filed claim	
property). Dien Shen Hsia Peng	Court Claim Number:		
Name and address where notices should be sent:	1 2221 0 2221 1 2221	Ann City	
Dien Shen Hsia Peng		(If known) Garden Silver	
9120 Placer Bullion AV	Filed on:	MAY	
Las Vegas, NV 89178	·	1 1015	
Telephone number (702) 217-9389			
Email address Chilytan 22 @ 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 giving	nyone else has filed a proof of claim relating to ng particulars.	
Como	FILED	- 00734	
Same.	District 0	f Nevada	
Telephone number.	Ameri-Dro	eam, LLC	
Email address: 1. Amount of Claim as of Date Case Filed: 5	<u> </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.			
Check this box if the claim includes interest or other charges in addition to	200	a statement that itemizes interest or charges.	
2. Basis for Claim: Deposits for Vental h	ome 1312 Viveo	<i>ν</i> γ	
3. Last four digits of any number by which creditor identifies debtor: 3		b. Uniform Claim Identifier (optional):	
5995	account as:		
	(See instruction #3a)	(See instruction #3b)	
4. Secured Claim (See instruction #4)	Amount of arrearage a	nd 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 reducted documents, and provide the requested information.	nght of setoff, was filed, included in se	ecured claim, if any:	
	Motor Vehicle	s	
Other	Basis for perfection:		
Describe:			
Value of Property: \$	Amount of Secured Cla	sim: \$	
Annual Interest Rate % □ Fixed or □ (when case was filed)	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.			
□ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B) □ Wages, salaries, or commissions (up to □ Contributions to an employee benefit \$12,475*) earned within 180 days before plan − 11 U.S.C. § 507 (a)(5).			
Up to \$2,775* of deposits toward the case was filed or the D business ceased, whicheve	r is earlier - Other - Specify applicabl		
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)(5 425. ₩	
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			
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) Medified B10 (GCG) (4/13)			

EXHIBIT "80"

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT	OF NEVADA PROOF OF CLAIM		
Name of Debtor: Ameri-Dream Realty, LLC Case No. 15-10110-LED			
NOTE: Do not use this form to make a claim for an administrative expense that a expense occording 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): Tina Thuy la Ngo	☐ Check this box to indicate that this claim amends a previously filed claim Court Claim Number:		
Name and address where notices should be sent: U Tina Thuyla Ngo	(If known) Garden City Gray		
8195 Cranberry Lake Ave	Filed on: (MAY 1 2 2015)		
Las Vegas, NV 89178 Telephone number (626) 757-8462 Email address. Sweet. babo @ 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.		
Same Telephone number	FILED - 00735 District of Nevada Ameri-Dream, LLC		
Email address: 1. Amount of Claim as of Date Case Filed: S 2000.	· · · · · · · · · · · · · · · · · · ·		
			
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. Basis for Claim: Deposits for vental home 11578 Andorra St.			
3. Last four digits of any number by which creditor identifies debtor: 3	a. Debtor may have scheduled _ account as:		
	(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 stack required reducted documents, and provide the requested information. 	Amount of arrearage and other charges, as of the time case right of sctoff, was filed, included in secured claim, if any:		
☐ Other	Motor Vehicle Basis for perfection:		
Describe:			
Value of Property: S	Amount of Secured Claim: S		
Annual Interest Rate%	Variable . Amount Uncorned: \$		
(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) Wages, salaries, or commissions (up to ☐ Contributions to an employee benefit \$12,475*) earned within 180 days before plan – 11 U.S.C. § 507 (a)(5) the case was filed or the Debtor's			
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).			
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter			
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)		